

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010445

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** KITCHEN FOUNDATION, CORP.

**Current Principal Place of Business:**

8224 SOUTH PETTWAY ST  
HOBESOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8315  
HOBESOUND, FL 33475

**New Mailing Address:**

P.O. BOX 807  
HOBESOUND, FL 33475

**FEI Number:** 26-1234960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KITCHEN, ARTHUR L JR  
3202 SW FILLMORE ST  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCANTIS, MIKE  
Address: 4413 NW ALBION AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP  
Name: HOWARD, FRANK  
Address: 2043 SW ALADDIN STREET  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: SEC  
Name: KITCHEN, TIFFANY  
Address: 3202 SW FILLMORE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TREA  
Name: SMITH, CANDANCE  
Address: 8404 SW BEGONIA ST.  
City-St-Zip: HOBE SOUND, FL 33455

Title: ADMI  
Name: KITHCEN, ARTHUR JR  
Address: 3202 SW FILLMORE ST  
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR L KITCHEN

ADMI

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date