

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000561

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** JOHN P. KUDER CHILDREN'S FOUNDATION, INC.

**Current Principal Place of Business:**

481 DEER POINT DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 901  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 26-1757220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUDER, JOHN P  
481 DEER POINT DRIVE  
GULF BREEZE, FL 32561 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:** PSTD  
**Name:** KUDER, JOHN P  
**Address:** 481 DEER POINT DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** D  
**Name:** KUDER, ROBERTA  
**Address:** 223 JACKSON STREET  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** D  
**Name:** BLEILER, PAUL  
**Address:** 111 LAURA LANE  
**City-St-Zip:** GULF BREEZE, FL 32561

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:** JOHN P. KUDER

PRES

03/30/2011

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

\_\_\_\_\_  
Date