FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17116** **(7)**

1. Corporation Name

THE KIMBALL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13440 W. COLONIAL DR. SUITE 250 WINTER GARDEN FL 34787 US	P. O. BOX 770768 WINTER GARDEN FL 34777-0768 US

3. Date Incorporated or Qualified: **10/03/1986**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-2726071** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANDERS, JOHN A. 111 N.ORANGE AVENUE P.O.BOX 2193 ORLANDO FL 32802-2193	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when mandatory. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MCANDREW, MURIEL	12 NAME		
STREET ADDRESS	218 E. MILLER ST.	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	CBD	21 TITLE	TD	☑ Change ☐ Addition
NAME	LITTLE, HARRIET L.	22 NAME		
STREET ADDRESS	200 ST. ANDREWS BLVD., UNIT 1703	23 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE	VP D	☑ Change ☐ Addition
NAME	NEIDIG, EGBERT W.	32 NAME		
STREET ADDRESS	2802 NELA AVE	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	CHAIR; D	☑ Change ☐ Addition
NAME	MILLER, A. RAY	42 NAME		
STREET ADDRESS	1610 BRYAN AVE.	43 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	44 CITY ST ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	RYER, RUTH	52 NAME		
STREET ADDRESS	159 W. 53RD ST APT.26B	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP		
TITLE	D	61 TITLE	PD	☐ Change ☑ Addition
NAME	KIMBALL, EDWARD J.	62 NAME	RENEE AIKIN	
STREET ADDRESS	RT 4, BOX 1895	63 STREET ADDRESS	1505 MONTCALM STREET	
CITY ST ZIP	WEST LEBANON NH	64 CITY ST ZIP	ORLANDO, FL 32806	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Renee M. Aikin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 877-0505
Daytime Phone #

0069440