


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N17116 (7)</b> 1. Corporation Name <b>THE KIMBALL FOUNDATION, INC.</b>					
Principal Place of Business 13440 W. COLONIAL DR. SUITE 250 WINTER GARDEN FL 34787 US			Mailing Address P. O. BOX 770768 WINTER GARDEN FL 34777-0768 US		
2. Principal Place of Business 21 <b>13530 W. COLONIAL DR.</b> Suite, Apt. #, etc. 22 <b>2 - 130</b> City & State 23 <b>WINTER GARDEN, FL</b> Zip 24 <b>34787</b> Country 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/03/1986</b>	
				3a. Date of Last Report <b>05/01/1996</b>	
		4. FEI Number <b>59-2726071</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SANDERS, JOHN A.</b> <b>111 N. ORANGE AVENUE</b> <b>P.O. BOX 2193</b> <b>ORLANDO FL 32802-2193</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCANDREW, MURIEL		1.2 NAME		
STREET ADDRESS	218 E. MILLER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<b>CHAIRMAN/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, HARRIET L.		2.2 NAME		
STREET ADDRESS	200 ST. ANDREWS BLVD., UNIT 1703		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCKMAN, CHRIS		3.2 NAME		
STREET ADDRESS	2 S ORANGE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, HOWARD		4.2 NAME		
STREET ADDRESS	8901 ATLANTIC AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYER, RUTH		5.2 NAME		
STREET ADDRESS	159 W. 53RD ST APT. 26B		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBALL, EDWARD J.		6.2 NAME		
STREET ADDRESS	RT 4, BOX 1895		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST LEBANON NH		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/18/97</b> Daytime Phone # <b>(407) 877-0505</b>		

CR2E037 (9/96)

**THE KIMBALL FOUNDATION, INC.**  
**LIST OF OFFICERS AND DIRECTORS**  
**ELECTED 11/09/96**

<b>HARRIET LITTLE</b> 200 St. Andrews Blvd. Unit 1703 Winter Park, FL 32792	<b>Chairman of the Board; Director</b>
<b>CHRIS BROCKMAN</b> c/o Maguire, Voorhis & Wells 2 S. Orange Avenue Orlando, FL 32801	<b>President; Director</b>
<b>RENEE AIKIN</b> 1505 Montcalm Street Orlando, FL 32806	<b>Vice President; Director</b>
<b>JUDY McANNEY</b> STI Capital Management, NA Post Office Box 3010 SOAB-8 Orlando, FL 32802	<b>Treasurer; Director</b>
<b>RUTH H. RYER</b> 150 West 53rd Street, Apt. 26-B New York, NY 10019	<b>Secretary</b>
<b>JO ANN LACEY</b> 13330 W. Colonial Drive, suite 130 Winter Garden, FL 34787	<b>Assistant Secretary; Assistant Treasurer</b>
<b>CARLA E. KIMBALL</b> 17 Hurd Road Belmont, MA 02178	<b>Director</b>
<b>EDWARD J. KIMBALL</b> 10 Gilson Road West Lebanon, NH 03784	<b>Director</b>
<b>MURIEL McANDREW</b> 218 E. Miller Street Orlando, FL 32806	<b>Director</b>