


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N17116 1. Entity Name THE KIMBALL FOUNDATION, INC.	
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Principal Place of Business 140 W. PLANT STREET WINTER GARDEN, FL 34787 US	Mailing Address P. O. BOX 783064 WINTER GARDEN, FL 34778 US
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2726071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, JOHN A. 111 N. ORANGE AVENUE P.O. BOX 2193 ORLANDO, FL 32802-2193
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBALL, CARLA E 17 HURD RD BELMONT, MA 02178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCKMAN, CHRIS 200 SOUTH ORANGE AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYER, RUTH 159 W. 53RD ST APT. 26B NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBALL, EDWARD J. 10 GILSON ROAD WEST LEBANON, NH 03784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST LACEY, JOANN 140 W. PLANT STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/19/06-80036-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Jo Ann Lacey</i> JO ANN LACEY	Date: 4/28/06	Daytime Phone #: 407-877-0505
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