

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17116

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE KIMBALL FOUNDATION, INC.

Current Principal Place of Business:

121 W. PLANT ST.
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 783064
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 59-2726071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, JOHN A.
111 N.ORANGE AVENUE
P.O.BOX 2193
ORLANDO, FL 328022193 US

Name and Address of New Registered Agent:

SANDERS, JOHN A.
111 N.ORANGE AVENUE
ORLANDO, FL 32802 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIMBALL, CARLA E
Address: 17 HURD RD
City-St-Zip: BELMONT, MA 02178

Title: PD () Delete
Name: BROCKMAN, CHRIS
Address: 200 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: RYER, RUTH
Address: 159 W. 53RD ST APT.26B
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: KIMBALL, EDWARD J.
Address: 10 GILSON ROAD
City-St-Zip: WEST LEBANON, NH 03784

Title: AST () Delete
Name: LACEY, JOANN
Address: 140 W. PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AST (X) Change () Addition
Name: LACEY, JOANN
Address: 121 W. PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JO ANN LACEY

AST

03/16/2009

Electronic Signature of Signing Officer or Director

Date