## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N25263

Entity Name: KIRKELLA CHARITABLE FOUNDATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Dringing Place of Business.	New Dringing Diago of Duginger
Current Principal Place of Business:	New Principal Place of Business:

% EDWARDS AND ANGELL LLP 1 NORTH CLEMATIS ST STE 400 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

% EDWARDS AND ANGELL LLP 1 NORTH CLEMATIS ST STE 400 WEST PALM BEACH, FL 33401

FEI Number: 65-0044965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANGELL CORPORATE SERVICES INC % EDWARDS & ANGELL LLP ONE N CLEMATIS ST STE 400 WEST PALM BEACH, FL 33401 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:

- Flateria Circular de Paritar de Arrad

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 PICKARD, DANA,
 Name:
 PICKARD, DANA T

 Address:
 ONE N CLEMATIS ST STE 400
 Address:
 ONE N CLEMATIS ST STE 400

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:
 WEST PALM BEACH, FL 33401

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 BLACK, REBECCA,
 Name:
 BLACK, REBECCA F

 Address:
 ONE N CLEMATIS ST STE 400
 Address:
 ONE N CLEMATIS ST STE 400

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:
 WEST PALM BEACH, FL 33401

Title: T ( ) Delete Title: D (X) Change ( ) Addition

Name: SCHORR, MAX, Name: DUANE, ROSANNE M

Address: 250 ROYAL PALM WAY Address: ONE N. CLEMATIS ST STE 400 City-St-Zip: PALM BCH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANA T. PICKARD VP 04/30/2002