

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25263

FILED
Apr 20, 2005
Secretary of State

Entity Name: KIRKELLA CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0044965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: PICKARD, DANA T
Address: ONE N CLEMATIS ST STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS () Delete
Name: BLACK, REBECCA F
Address: ONE N CLEMATIS ST STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DUANE, ROSANNE M
Address: ONE N. CLEMATIS ST STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: ROSANNE M DUANE

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date