

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 042 ****61.25

DOCUMENT # N29641

1. Entity Name

THE KATHLEEN DUROSS FORD FUND, INC.



Principal Place of Business

505 S. FLAGLER DR.
#300
WEST PALM BEACH FL 33401

Mailing Address

505 S. FLAGLER DR.
#300
WEST PALM BEACH FL 33401

2. Principal Place of Business

ONE N. CLEMATIS STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4297

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

WEST PALM BEACH, FL

Zip
33401

Country

USA

City & State

WEST PALM BEACH, FL

Zip

33402

Country

USA

4. FEI Number

65-0088771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK
C/O CHOPIN & MILLER
505 S FLAGLER DR STE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent.

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE N. CLEMATIS STREET

City

WEST PALM BEACH, FL

Zip Code

33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FORD, KATHLEEN DUROSS
STREET ADDRESS 505 S FLAGLER DR STE 300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE SD
NAME CHOPIN, L. FRANK
STREET ADDRESS 505 S FLAGLER DR STE 300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE D
NAME CAMPBELL, JO-ANN C
STREET ADDRESS 505 S FLAGLER DR STE 300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ONE N. CLEMATIS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ONE N. CLEMATIS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ONE N. CLEMATIS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Date

76-655-7500

Daytime Phone #