

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90040 035 ****61.25

DOCUMENT # N29641

1. Entity Name
THE KATHLEEN DUROSS FORD FUND, INC.



Principal Place of Business
223 SUNSET AVE.
STE 230
PALM BEACH, FL 33480

Mailing Address
P.O. BOX 4297
WEST PALM BEACH, FL 33402



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
223 SUNSET AVE.
STE 230
PALM BEACH, FL 33480

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, KATHLEEN DUROSS 223 SUNSET AVE. STE 230 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOPIN, L. FRANK 223 SUNSET AVE. STE 230 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JO-ANN C 223 SUNSET AVE. STE 230 PALM BEACH, FL 33480 Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add Shaw John 223 Sunset Avenue, Suite 230 Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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

1/25/08

561-655-9500

Date

Daytime Phone #