

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29641

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** THE KATHLEEN DUROSS FORD FUND, INC.

**Current Principal Place of Business:**

223 SUNSET AVE.  
STE 230  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0088771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOPIN, L. FRANK  
223 SUNSET AVE.  
STE 230  
PALM BEACH, FL 33480 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: PD ( ) Delete  
Name: FORD, KATHLEEN DUROSS  
Address: 223 SUNSET AVE. STE 230  
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete  
Name: CHOPIN, L. FRANK  
Address: 223 SUNSET AVE. STE 230  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: SHAW, JOHN  
Address: 223 SUNSET AVENUE SUITE 230  
City-St-Zip: PALM BEACH, FL 33480

**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 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: JOHN L SHAW

D

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date