


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31479</b> 1. Entity Name KANDERS FOUNDATION, INC.	
--	---

Principal Place of Business 2100 S OCEAN BLVD S302N PALM BCH, FL 33480 US	Mailing Address 2100 S OCEAN BLVD S302N PALM BCH, FL 33480 US
--	--

DO NOT WRITE IN THIS SPACE



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0124714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KANDERS, JEANNE  
2100 S. OCEAN BLVD.  
302N  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANDERS, JEANNE 2100 S OCEAN BLVD PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANDERS, ALAN 2100 S OCEAN BLVD PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANDERS, WARREN 21 DAIRY ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

1100000213088  
02/03/05-80056-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  1/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #