2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41975

FILED Feb 28, 2009 Secretary of State

Entity Name: KNOTT'S RIVERFOREST FOUNDATION, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:		
36 63RD S YANKEET	ST OWN, FL 34498	US		
Current Mailing Address:		New Mailing Address:		
BOX 41 YANKEET	OWN, FL 34498	US		
FEI Number:	: 59-3049026	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:
MOORE, N 15 CAPTA	MARK INS COVE RD			
INGLIS, FL The above	34449 US named entity sub	omits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
INGLIS, FL The above in the State	a 34449 US named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
INGLIS, FL The above in the State	anamed entity subset of Florida.	omits this statement for the p Signature of Registered Age		ed office or registered agent, or both, Date
INGLIS, FL The above in the State SIGNATUF	anamed entity subset of Florida.	Signature of Registered Age	ent	
NGLIS, FL The above in the State SIGNATUF OFFICER: Vame: Address:	named entity subset of Florida. RE: Electronic	Signature of Registered Age PRS:	ent	Date
INGLIS, FL The above in the State SIGNATUF	anamed entity subset of Florida. RE: Electronic S AND DIRECTO DP () De COX, WILLIAM R 36 63RD STREET	Signature of Registered Age PRS: elete - 34498 elete /E RD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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: MARK MOORE DS 02/28/2009