

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45177

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: THE KENT FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

19117 CROOKED LANE  
LUTZ, FL 33548

**New Principal Place of Business:**

6063 LAKESIDE DRIVE  
LUTZ, FL 33558

**Current Mailing Address:**

19117 CROOKED LANE  
LUTZ, FL 33548

**New Mailing Address:**

6063 LAKESIDE DRIVE  
LUTZ, FL 33558

FEI Number: 59-3085879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OWENS, V. JEAN  
811-B CYPRESS VILLAGE BLVD.  
RUSKIN, FL 33573 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: KENT, MICHAEL L  
Address: 827 N FOOTE  
City-St-Zip: COLORADO SPRINGS, CO 80909

Title: D ( ) Delete  
Name: WALKER, PATRICIA K  
Address: 19117 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

Title: SD ( ) Delete  
Name: NELSON, SUSAN  
Address: 19113 CROOKED LANE  
City-St-Zip: LUTZ, FL 33548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KENT, MICHAEL L  
Address: 99 WEST RIVER RUN DRIVE  
City-St-Zip: FRANKLIN, NC 28734

Title: D (X) Change ( ) Addition  
Name: WALKER, PATRICIA K  
Address: 6063 LAKESIDE DRIVE  
City-St-Zip: LUTZ, FL 33558

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: PATRICIA K. WALKER

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date