

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46332

FILED
May 24, 2005
Secretary of State

Entity Name: KINGSLAND FOUNDATION, INC.

Current Principal Place of Business:

4409 FRANCES DR
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4409 FRANCES DR
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0299587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELMKEN, HENRY
4409 FRANCES DR
DELRAY BEACH, FL 33445 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: HELMKEN, HENRY,
Address: 4409 FRANCES DR.
City-St-Zip: DELRAY BEACH, FL

Title: TD () Delete
Name: ALESSANDRI, RAUL,
Address: 4415 S.W. 88 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: PICH-AGUILERA, PABLO,
Address: 4415 S.W. 88 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ALEJANO, CARLOS
Address: 4415 S.W. 88 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ALVAREZ, JUAN,
Address: 14225 S.W. 79TH AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HOGAN, TIMOTHY
Address: 139 EAST 34 STREET
City-St-Zip: NEW YORK, NY 10016

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:

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: RAUL ALESSANDRI

TD

05/24/2005

Electronic Signature of Signing Officer or Director

Date