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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001929 (9)**

1. Corporation Name
JANET AND STANLEY KANE FOUNDATION, INC.

100001402411
-02/09/95--01124--016
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
539 NORSOTA WAY SARASOTA FL 34242	539 NORSOTA WAY SARASOTA FL 34242

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0405758 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CHEA, JOHN J JR~~
~~720 S ORANGE AVE~~
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

91 Name: Stanley B. Kane
92 Street Address (P.O. Box Number is Not Acceptable): 539 Norsota Way
93
94 City: Sarasota **FL** 95 Zip Code: 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Stanley B Kane — Stanley B. Kane — 1/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	KANE, STANLEY B	1.2 NAME	
STREET ADDRESS	539 NORSOTA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	☐ Change ☐ Addition
NAME	KANE, JANET	2.2 NAME	
STREET ADDRESS	539 NORSOTA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KANE-HARTNETT, BETSY	3.2 NAME	
STREET ADDRESS	6131 GULF OF MEXICO BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KE	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KANE-HELLWEG, PRISCILLA	4.2 NAME	
STREET ADDRESS	1036 NORTHAMPTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLYOKE MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KANE, KATHERINE	5.2 NAME	
STREET ADDRESS	BRAEBURN FARM	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREE UNION VA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley B Kane — Stanley B. Kane, Pres. — 1/23/95 — 813-349-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003078