

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001929

1. Entity Name

JANET AND STANLEY KANE FOUNDATION, INC.



Principal Place of Business

**539 NORSOTA WAY
SARASOTA, FL 34242**

Mailing Address

**539 NORSOTA WAY
SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0405758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KANE, STANLEY B
539 NORSOTA WAY
SARASOTA, FL 34242**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KANE, STANLEY B
STREET ADDRESS	539 NORSOTA WAY
CITY-STATE-ZIP	SARASOTA, FL
TITLE	VP
NAME	KANE, JANET
STREET ADDRESS	539 NORSOTA WAY
CITY-STATE-ZIP	SARASOTA, FL
TITLE	D
NAME	KANE-HARTNETT, BETSY
STREET ADDRESS	1405 WESTBROOK DRIVE
CITY-STATE-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	KANE-HELLWEG, PRISCILLA
STREET ADDRESS	1036 NORTHAMPTON ST
CITY-STATE-ZIP	HOLYOKE, MA
TITLE	D
NAME	KANE, KATHERINE
STREET ADDRESS	4284 BALLARDS MILL RD
CITY-STATE-ZIP	FREE UNION, VA 22940
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/16/07-80056-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #