

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001929

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** JANET AND STANLEY KANE FOUNDATION, INC.

**Current Principal Place of Business:**

539 NORSOTA WAY  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

539 NORSOTA WAY  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 65-0405758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANE, STANLEY B  
539 NORSOTA WAY  
SARASOTA, FL 34242 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: PTD ( ) Delete  
Name: KANE, STANLEY B  
Address: 539 NORSOTA WAY  
City-St-Zip: SARASOTA, FL

Title: VPSD ( ) Delete  
Name: KANE, JANET  
Address: 539 NORSOTA WAY  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: KANE-HARTNETT, BETSY  
Address: 1405 WESTBROOK DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: KANE-HELLWEG, PRISCILLA  
Address: 1036 NORTHAMPTON ST  
City-St-Zip: HOLYOKE, MA

Title: D ( ) Delete  
Name: KANE, KATHERINE  
Address: 4284 BALLARDS MILL RD  
City-St-Zip: FREE UNION, VA 22940

**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  
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 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: STANLEY B KANE

MGR

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date