

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001620 (1)**

1. Corporation Name

**THE DANIEL AND ELEANOR KANE FAMILY FOUNDATION, I
NC.**



Principal Place of Business 1127 WESTWAY DRIVE SARASOTA FL 34236		Mailing Address 1127 WESTWAY DRIVE SARASOTA FL 34236	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent KANE, DANIEL 1127 WESTWAY DRIVE SARASOTA FL 34236		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD	1.1 TITLE	
NAME	KANE, DANIEL	1.2 NAME	
STREET ADDRESS	1127 WESTWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	ROBBINS, WENDY K	2.2 NAME	
STREET ADDRESS	561 HARBOR POINT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	KANE, PAUL D	3.2 NAME	
STREET ADDRESS	CLOTTED COTTAGE 7 ELYASTONMEWS	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KANE, TICIA	4.2 NAME	
STREET ADDRESS	89 TOWN FARM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSBURG MA 01096	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Kane, President

1/23/98

(941) 388-2288

Date

Daytime Phone #

0063392

CR2E037 (10/97)