

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000001620

1. Entity Name

THE DANIEL KANE FAMILY FOUNDATION, INC.



Principal Place of Business

614 SOUTH OWL DRIVE  
SARASOTA, FL 34236

Mailing Address

614 SOUTH OWL DRIVE  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0654997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANE, DANIEL  
614 SOUTH OWL DRIVE  
SARASOTA, FL 34236

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANE, DANIEL
STREET ADDRESS	614 SOUTH OWL DRIVE
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	STD
NAME	ROBBINS, WENDY K
STREET ADDRESS	37 CLABON MEWS
CITY - ST - ZIP	LONDON, SWIX OEQ, ENGLAND, CO
TITLE	VD
NAME	KANE, PAUL D
STREET ADDRESS	CLOTTED COTTAGE 7 ELYASTONMEWS
CITY - ST - ZIP	LONDON, EN
TITLE	D
NAME	KANE, TICIA
STREET ADDRESS	89 TOWN FARM ROAD
CITY - ST - ZIP	WILLIAMSBURG, MA 01096
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000214172  
02/03/05-80102-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Shane L. Kane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #