

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004051 (6)

1. Corporation Name

KILBEY MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

101 HUGH ADAMS DRIVE
DE FUNIAK SPRINGS FL 32433

101 HUGH ADAMS DRIVE
DE FUNIAK SPRINGS FL 32433-3408

3. Date Incorporated or Qualified
08/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3439927

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M & W AGENTS INC
9100 S DADELAND BLVD STE 1707
MIAMI FL 33156

81 Name

SARAH C. KILBEY

82 Street Address (P.O. Box Number is Not Acceptable)

101 HUGH ADAMS DRIVE

83

84 City

DE FUNIAK SPRINGS

FL

85 Zip Code

32433

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

Sarah C. Kilbey

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KILBEY, SUE
STREET ADDRESS 101 HUGH ADAMS DRIVE
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

1.1 TITLE D
1.2 NAME KILBEY, SARAH C.
1.3 STREET ADDRESS 101 HUGH ADAMS DR
1.4 CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

TITLE D
NAME KILBEY, BRIAN
STREET ADDRESS 101 HUGH ADAMS DRIVE
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KILBEY, HEATHER
STREET ADDRESS 101 HUGH ADAMS DRIVE
CITY-ST-ZIP DE FUNIAK SPRINGS FL 32433

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Sarah C. Kilbey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97
Date

904-852-5731
Daytime Phone #0010041

CR2E037 (9/96)