2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N96000006196

Entity Name: THE KOSKI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5135 WILLOW LEAF DRIVE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

5135 WILLOW LEAF DRIVE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0764285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YADLEY, GREGORY C
101 E. KENNEDY BLVD.
TAMPA, FL 336020609 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: PD ( ) Delete
Name: KOSKI, ROBERT E
Address: 5135 WILLOW LEAF DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TSD ( ) Delete
Name: KOSKI, BEVERLY L
Address: 5135 WILLOW LEAF DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: KOSKI, ROBERT C
Address: 7305 CRAPE MYRTLE WAY
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: KOSKI, CHRISTINE L
Address: 3525 TURTLE CREEK BLVD #19B
City-St-Zip: DALLAS, TX 75219

Title: D (X) Delete
Name: KOSKI, THOMAS L
Address: 100 SEAVIEW AVE APT 1-5
City-St-Zip: EAST NORWALK, CT 06855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: KOSKI, BEVERLY L
Address: 5135 WILLOW LEAF DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Change ( ) Addition
Name: KOSKI, ROBERT C
Address: 7305 CRAPE MYRTLE WAY
City-St-Zip: SARASOTA, FL 34241

Title: S (X) Change ( ) Addition
Name: KOSKI, CHRISTINE L
Address: 3525 TURTLE CREEK BLVD.
City-St-Zip: DALLAS, TX 75219

Title: D (X) Change ( ) Addition
Name: KOSKI, THOMAS L
Address: 100 SEAVIEW AVE. APT 1-F
City-St-Zip: EAST NORWALK, CT 06855

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: BEVERLY L. KOSKI PT 03/05/2009

Electronic Signature of Signing Officer or Director — Date