2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006305

1. Entity Name
KIRKWOOD FOUNDATION, INC.

Principal Place of Business	Mailing Address
401 E LINTON BLVD #557 C/O DR MANDICH DELRAY BEACH, FL 33483 US	401 E LINTON BLVD #557 C/O DR MANDICH DELRAY BEACH, FL 33483 US

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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0712482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDICH, DONALD R
401 E LINTON BLVD #557
DELRAYBEACH, FL 33483

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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: _____ DATE
(Signature, name or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PTT
NAME	MANDICH, DONALD R
STREET ADDRESS	401 E LINTON BLVD #557
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPST
NAME	MANDICH, GEORGIA W
STREET ADDRESS	401 E LINTON BLVD #557
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	TTEE
NAME	MANDICH, JOHN D
STREET ADDRESS	2715 AMBERLY
CITY-ST-ZIP	BLOOMFIELD VILLAGE, MI 48301
TITLE	TTEE
NAME	STEIGERWALD, DR. MARY M
STREET ADDRESS	1037 VOSSELLER
CITY-ST-ZIP	MARTINSVILLE, NJ 08836
TITLE	TTEE
NAME	MANDICH, DR. GEORGE H
STREET ADDRESS	896 BOISSY
CITY-ST-ZIP	ST. LAMBERT, QUE., CANADA, J4R 1K3
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80019-019 61.25

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DONALD R. MANDICH 1-8-07 561-265-0300
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)

President + Trustee