


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 042 ****61.25

DOCUMENT # N96000006305 1. Entity Name KIRKWOOD FOUNDATION, INC.					
Principal Place of Business 401 E LINTON BLVD #557 C/O DR MANDICH DELRAY BEACH, FL 33483 US				Mailing Address 401 E LINTON BLVD #557 C/O DR MANDICH DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box # 1675 CYPRESS Row Drive Suite, Apt. #, etc. C/O D.R. MANDICH City & State West Palm Beach, FL Zip 33411 Country USA		3. Mailing Address 1675 CYPRESS Row Dr Suite, Apt. #, etc. C/O D.R. MANDICH City & State West Palm Beach, FL Zip 33411 Country USA			
4. FEI Number 65-0712482				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01062008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MANDICH, DONALD R 401 E LINTON BLVD #557 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1675 CYPRESS Row Drive City & State West Palm Beach FL Zip Code 33411		
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 <u>DONALD R. MANDICH, President 1-09-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTT MANDICH, DONALD R 401 E LINTON BLVD #557 DELRAY BEACH, FL 33483 <i>address - change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTT MANDICH, DONALD R 1675 CYPRESS Row Drive WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MANDICH, GEORGIA W 401 E LINTON BLVD #557 DELRAY BEACH, FL 33483 <i>address - change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MANDICH, GEORGIA W. 1675 CYPRESS Row Drive West Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTEE MANDICH, JOHN D 2715 AMBERLY BLOOMFIELD VILLAGE, MI 48301	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTEE STEIGERWALD, DR. MARY M 1037 VOSSELER MARTINSVILLE, NJ 08836	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTEE MANDICH, DR. GEORGE H 886 BOISSY ST. LAMBERT, QUE., CANADA, J4R 1K3	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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: <u>DONALD R. MANDICH</u> 1-09-08 561-792-9774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					