

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001530

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE KORTH FAMILY FOUNDATION, INC.

Current Principal Place of Business:

8881 NW 13TH TERRACE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

8881 NW 13TH TERRACE
DORAL, FL 33172

New Mailing Address:

FEI Number: 65-0737345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146 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: D () Delete
Name: KORTH, JAMES E
Address: 8881 NW 13TH TERRACE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: KORTH, VALERIE W
Address: 8881 NW 13TH TERRACE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: KORTH, WILLIAM F
Address: 8881 N.W. 13TH TERRACE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: KORTH, THOMAS A
Address: 8881 N.W. 13TH TERRACE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: KORTH, JAMES W
Address: 8881 N.W. 13TH TERRACE
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS A. KORTH

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date