

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 010 ****61.25

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1. Entity Name

KOHNKEN FAMILY FOUNDATION, INC.



Principal Place of Business

**1799 SABAL PALM DR
BOCA RATON FL 33432**

Mailing Address

**1799 SABAL PALM DR
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0799146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RADER, STUART A ESQ.
RADER & COLEMAN
2101 N.W. BOCA RATON BLVD., STE. #1
BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME KOHNKEN, DONALD H
STREET ADDRESS 1799 SABAL PALM DR
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD ☐ Delete
NAME KOHNKEN, BEVERLEE M
STREET ADDRESS 1799 SABAL PALM DR
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME HOFFACKER, LYNDIA M
STREET ADDRESS 151 MADARA DRIVE
CITY-ST-ZIP HANOVER PA 17331

TITLE D ☐ Delete
NAME COLE, DIANA
STREET ADDRESS 628 RIVERSIDE DR
CITY-ST-ZIP ANNAPOLIS MD 21403

TITLE D ☐ Delete
NAME LEWIS, TENLEY
STREET ADDRESS 1216 INGLESIDE DRIVE
CITY-ST-ZIP AUBURN AL 36830

TITLE SD ☐ Delete
NAME WISEMAN, MELISSA
STREET ADDRESS 103 SPRING MEADOW DR
CITY-ST-ZIP SIMPSONVILLE SC 29681

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **COLE, DANA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 H. Kohnken **DONALD H. KOHNKEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 394-3721

January 26, 2005