

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006761

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



01122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

000000389615
01/20/06-80054-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Donald H. Kohnken DONALD H. KOHNKEN

Date

Daytime Phone #

01/13/06 (561)
394-3721