

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 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**



01052008 No Chg-NP CR2E037 (4/06)

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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**

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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 \$81.25
Due by May 1, 2008**

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, LYNDAM
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

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01/09/08-80029-017 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD H. KOHNKEN

Date

1/7/08

Daytime Phone #

394 3721