

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006761

FILED
Mar 12, 2009
Secretary of State

Entity Name: KOHNKEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1799 SABAL PALM DR
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1799 SABAL PALM DR
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0799146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: PTD () Delete
Name: KOHNKEN, DONALD H
Address: 1799 SABAL PALM DR
City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete
Name: KOHNKEN, BEVERLEE M
Address: 1799 SABAL PALM DR
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HOFFACKER, LYNDA M
Address: 151 MADARA DRIVE
City-St-Zip: HANOVER, PA 17331

Title: D () Delete
Name: COLE, DANA
Address: 628 RIVERSIDE DR
City-St-Zip: ANNAPOLIS, MD 21403

Title: D () Delete
Name: LEWIS, TENLEY
Address: 1216 INGLESIDE DRIVE
City-St-Zip: AUBURN, AL 36830

Title: SD () Delete
Name: WISEMAN, MELISSA
Address: 103 SPRING MEADOW DR
City-St-Zip: SIMPSONVILLE, SC 29681

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: DS (X) Change () Addition
Name: LEWIS, TENLEY
Address: 1216 INGLESIDE DRIVE
City-St-Zip: AUBURN, AL 36830

Title: D (X) Change () Addition
Name: WISEMAN, MELISSA
Address: 103 SPRING MEADOW DR
City-St-Zip: SIMPSONVILLE, SC 29681

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: DONALD H. KOHNKEN

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03/12/2009

Electronic Signature of Signing Officer or Director

Date