

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

DOCUMENT # N98000002831

1. Entity Name  
THE ALLEN FUND, INC.



Principal Place of Business  
11124 CONISTON WAY  
WINDERMERE, FL 34786

Mailing Address  
11124 CONISTON WAY  
WINDERMERE, FL 34786

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0835828

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ALLEN, EDWARD R  
11124 CONISTON WAY  
WINDERMERE, FL 34786

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000781991  
01/15/08-80057-006 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
ALLEN, EDWARD R  
11124 CONISTON WAY  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEN, JOHN K  
11330 WINSTON WILLOW CT  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ALLEN, SUZANNE Y  
11124 CONISTON WAY  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEN, KENNETH E  
113 ALMOND RD.  
MOORESVILLE, NC 28115

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: