

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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1. Entity Name
**KENNETH AND MYRA MONFORT CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**601 PUTTER LANE
LONGBOAT KEY, FL 34228**

Mailing Address
**601 PUTTER LANE
LONGBOAT KEY, FL 34228**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0881056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONFORT, MYRA H
601 PUTTER LANE
LONGBOAT KEY, FL 34228**

**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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MONFORT, MYRA H
STREET ADDRESS 601 PUTTER LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D
NAME EVANS, DAVE
STREET ADDRESS 134 OAK AVE
CITY-ST-ZIP EATON, CO 80615

TITLE D
NAME ELLINS, BRAD B
STREET ADDRESS 502 46TH AVE
CITY-ST-ZIP GREELEY, CO 80634

TITLE D
NAME IOZZIA, RACHEL
STREET ADDRESS 16127 SUMMIT PEAKS DRIVE
CITY-ST-ZIP LONGMONT, CO 80504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000150536
05/04/04-80012-002 61.25

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IN THIS SPACE**

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: *Dave Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #