


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000895</b>	
<b>1. Entity Name</b> THE GARY KOCH FOUNDATION, INC.	

<b>Principal Place of Business</b> 3320 SAN NICHOLAS TAMPA, FL 33629	<b>Mailing Address</b> P O BOX 272807 TAMPA, FL 33688
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3590781	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WHITTEMORE, DONALD H 100 N TAMPA STREET STE 3600 TAMPA, FL 33602
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**7. 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 reissuing) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>8. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UN00000384506</b> <b>01/17/06-80016-001 61.25</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D KOCH, GARY D 3320 SAN NICHOLAS TAMPA, FL 33629
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MATTERA, TONY A POST OFFICE BOX 272807 TAMPA, FL 336882807
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WHITTEMORE, DONALD H 100 NORTH TAMPA STREET STE 3600 TAMPA, FL 33602
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.**

<b>SIGNATURE</b> 	<b>TONY A MATTERA</b>	<b>1/8/06</b>	<b>813 991 5526</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>