2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000000895

1. Entity Name
THE GARY KOCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
2934 W. LAWN AVE TAMPA, FL 33611	25107 TRADEWINDS DRIVE LAND O'LAKES, FL 34639

DO NOT WRITE IN THIS SPACE

02192008 No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
59-3590781		Not Applicable

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

6. Name and Address of Current Registered Agent

WHITTEMORE, DONALD H
100 N TAMPA STREET
STE 3600
TAMPA, FL 33602

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

U000000835704
02/29/08-80044-015 61.25

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KOCH, GARY D
STREET ADDRESS	2934 W. LAWN AVE
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	D
NAME	MATTERA, TONY A
STREET ADDRESS	25107 TRADEWINDS DRIVE
CITY-ST-ZIP	LAND O'LAKES, FL 34639

TITLE	D
NAME	WHITTEMORE, DONALD H
STREET ADDRESS	100 NORTH TAMPA STREET STE 3600
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Tony A. Mattera   2/19/08   813 244 0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #