

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90174 039 ****61.25

DOCUMENT # N99000006856

1. Entity Name

THE KIMBERLY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1055 ROLLINGWOODS LANE
 LAKELAND FL 33813

1055 ROLLINGWOODS LANE
 LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

1107 Rollingwoods Ln
 Suite, Apt. #, etc.
 Lakeland, FL
 City & State

1107 Rollingwoods Ln
 Suite, Apt. #, etc.
 Lakeland, FL
 City & State



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33813

USA

33813

USA

4. FEI Number

59-3615678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAUDON, JAMES
 1055 ROLLINGWOODS LANE
 LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

James Laudon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	LAUDON, JAMES
STREET ADDRESS	1055 ROLLINGWOODS LANE
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D <input type="checkbox"/> Delete
NAME	MUNDY, KENNETH
STREET ADDRESS	932 HOLLINGSWORTH ROAD
CITY-ST-ZIP	LAKELAND FL 33801
TITLE	D <input type="checkbox"/> Delete
NAME	SHARPE, JACK
STREET ADDRESS	3911 POLK AVENUE
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D <input type="checkbox"/> Delete
NAME	SPEED, JERRY
STREET ADDRESS	5029 SHADY LAKE LANE
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

James Laudon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-00 (863) 683-4600
 Daytime Phone #

CR2E037 (9/99)