

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007565

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE KAHN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5506 WORSHAM COURT
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

5506 WORSHAM COURT
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 65-0969178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, BRIAN
5506 WORSHAM COURT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAHN, BRIAN
Address: 5506 WORSHAM COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: KAHN, LAUREN
Address: 5506 WORSHAM COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: KAHN, DAVID
Address: 7476 MANDARIN DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN KAHN

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date