

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04917

1. Entity Name
KEATING FAMILY FOUNDATION (INC.)



Principal Place of Business
**5824 BEE RIDGE ROAD, #420
SARASOTA, FL 34233**

Mailing Address
**5824 BEE RIDGE ROAD, #420
SARASOTA, FL 34233**



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-6198002

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KEATING, ELAINE M
1965 GULF OF MEXICO DRIVE
#108
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000517034
02/07/07-80060-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEATING, ELAINE M.
STREET ADDRESS	5824 BEE RIDGE ROAD, #420
CITY-ST-ZIP	SARASOTA, FL 342335065
TITLE	SD
NAME	BROSTERHOUS, PATRICIA
STREET ADDRESS	ONE N. LA SALLE STREET, SUITE 1350
CITY-ST-ZIP	CHICAGO, IL 606023902
TITLE	TD
NAME	GILLILAND, DEBORAH
STREET ADDRESS	5824 BEE RIDGE ROAD, #420
CITY-ST-ZIP	SARASOTA, FL 342335065
TITLE	VD
NAME	KEATING, LEE B.
STREET ADDRESS	775 HAPP ROAD
CITY-ST-ZIP	NORTHFIELD, IL 60093
TITLE	VD
NAME	KEATING, LUCIE S.
STREET ADDRESS	775 HAPP ROAD
CITY-ST-ZIP	NORTHFIELD, IL 60093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Elaine M. Keating **ELAINE M. KEATING, PRESIDENT** 1/29/07 941-383-9535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #