

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40179

FILED
Jul 15, 2007
Secretary of State

Entity Name: THE KIND FOUNDATION, INC.

Current Principal Place of Business:

4360 NORTHLAKE BLVD.
#110
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

C/O B. SHERIDAN
8527 EGRET MEADOW LANE
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 33-0236813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHERIDAN, BARBARA D MRS.
8527 EGRET MEADOW LANE
WEST PALM BEACH, FL 33412 US

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-P () Delete
Name: SHERIDAN, PAUL R
Address: 8527 EGRET MEADOW LANE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D-S () Delete
Name: MCCALL, BETH
Address: 119 MONTEREY WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D-VP () Delete
Name: NOVELL, DONALD
Address: 106 FLAGLER PROMENADE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: CINDY, MANDES C
Address: 7969 CRANES POINTE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD () Delete
Name: JACUPKE, JOHN
Address: 206 EAGLETON LAKES BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SOVIE, DONALD
Address: 28022 CAMINO LA RONDA
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

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:

Title: () Change () Addition
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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 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: BARBARA D. SHERIDAN

EX.D

07/15/2007

Electronic Signature of Signing Officer or Director

Date