

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010917

Entity Name: KENNY FAMILY FOUNDATION, INC.**Current Principal Place of Business:**1201 US HIGHWAY ONE
SUITE 420
NORTH PALM BEACH, FL 33408**Current Mailing Address:**1201 US HIGHWAY ONE
SUITE 420
NORTH PALM BEACH, FL 33408 US**FEI Number:** 20-0765264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNY, JAMES M
11676 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408 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

Officer/Director Detail :

Title	D
Name	ARASKOG, EILEEN K
Address	1201 US HWY. ONE, SUITE 420
City-State-Zip:	N. PALM BCH FL 33408

Title	D
Name	KENNY, J. KEVIN JR.
Address	1201 US HWY. ONE, SUITE 420
City-State-Zip:	N. PALM BCH FL 33408

Title	D
Name	KENNY, JOHN JOSEPH II
Address	1201 US HWY. ONE, SUITE 420
City-State-Zip:	N. PALM BCH FL 33408

Title	D
Name	KENNY, JAMES MORGAN
Address	11676 US HWY ONE, STE 420
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	D
Name	KENNY, CHRISTINA C
Address	1201 US HWY. ONE, SUITE 420
City-State-Zip:	N. PALM BCH FL 33408

Title	SECRETARY
Name	KAMINSKI, CAROL ANN
Address	1201 US HIGHWAY ONE SUITE 420
City-State-Zip:	NORTH PALM BEACH FL 33408

I hereby 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 all other like empowered.

SIGNATURE: CAROL ANN KAMINSKI**SECRETARY****02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date