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: KEVIN BOYER	PRESISDENT	01/05/2024

SIGNATURE: KEVIN BOYER

Electronic Signature of Signing Officer/Director Detail

BOYER, KEVIN L 415 141ST CT NE BRADENTON, FL 34212 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:

**Officer/Director Detail :** DPS Title Title DT Name BOYER, KEVIN L Name BOYER, KERRI A Address 94367 HIDDEN PINES COURT Address 9436 HIDDEN PINES COURT City-State-Zip: PARKER CO 80134 City-State-Zip: PARKER CO 80134

### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0300004637

Entity Name: KEVIN L. BOYER, M.D. CHARITABLE FOUNDATION, INC.

### **Current Principal Place of Business:**

9436 HIDDEN PINES COURT PARKER, CO 80134

#### **Current Mailing Address:**

9436 HIDDEN PINES COURT PARKER, CO 80134 US

## FEI Number: 03-0520299

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Certificate of Status Desired: No

Date

Date

Jan 05, 2024 Secretary of State 1812641440CC

FILED