


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006805

1. Entity Name
JAMES AND DOREEN BORKE FOUNDATION, INC.



Principal Place of Business
**16425 COLLINS AVE
 UNIT 1211
 SUNNY ISLES BEACH, FL 33160**

Mailing Address
**16425 COLLINS AVE
 UNIT 1211
 SUNNY ISLES BEACH, FL 33160**



03212008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0803539

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when readdressing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

04/09/08-80089-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BORKE, JAMES P 505 N LAKE SHORE DR, UNIT 1015 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BORKE, DOREEN L 505 N LAKE SHORE DR, UNIT 1015 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BORKE, JOHN C 8796 MOCKING BIRD ROAD PLATTEVILLE, WI 53818
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 which I am empowered.

SIGNATURE: *James P. Borke* **JAMES P. BORKE** 08/24/08 312-644-0597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR