

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006805

**Entity Name:** JAMES AND DOREEN BORKE FOUNDATION, INC.

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC4386103912**

**Current Principal Place of Business:**

16425 COLLINS AVE  
UNIT 1211  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16425 COLLINS AVE  
UNIT 1211  
SUNNY ISLES BEACH, FL 33160

**FEI Number: 65-0803539**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 BORKE, DOREEN L  
Address 16425 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name BORKE, JOHN C  
Address 8796 MOCKING BIRD ROAD  
City-State-Zip: PLATTEVILLE WI 53818

Title D  
Name ALTMAN, NANCY A  
Address 705 ALAMO PLAZA  
City-State-Zip: CEDAR PARK TX 78613

*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: DOREEN BORKE**

**DIRECTOR**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date