

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 759060

1. Entity Name

JOHN MISKOFF FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1121 SOUTH MILITARY TRAIL

3. Mailing Address
1121 SOUTH MILITARY TRAIL

Suite, Apt #, etc
SUITE 295

Suite, Apt #, etc,
SUITE 295

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

Zip
33442

Country
BROWARD

Zip
33442

Country
BROWARD

4. FEI Number
59-2193608

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GEORGE PALMER

Street Address (P.O. Box Number is Not Acceptable)
849 SE 8TH AVENUE SUITE 3

City
DEERFIELD BEACH

FL

Zip Code
33441

**DO NOT WRITE
IN THIS SPACE**

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

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

U000000240337

02/23/05-80027-004 61.25
DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P.D.
NAME	GEORGE PALMER
STREET ADDRESS	579 DURHAM U CENTURY VILLAGE EAST
CITY-ST-ZIP	DEERFIELD BEACH, FLORIDA 33442
TITLE	D
NAME	SYLVIA CAHAN
STREET ADDRESS	1701 ANDROS ISLE APT 4D
CITY-ST-ZIP	COCONUT CREEK, FLORIDA 33066
TITLE	D
NAME	JOYCE LAKER
STREET ADDRESS	800 GENESSEE
CITY-ST-ZIP	TAMPA, FLORIDA 33604
TITLE	
NAME	
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CITY-ST-ZIP	
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11.

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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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE PALMER PRESIDEN'

2/18/2005

Date

954-425-4776

Daytime Phone #