

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

FILED ATX1
Apr 25, 2006 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 Suite, Apt #, etc SUITE 295 City & State DEERFIELD BEACH, FL		3. Mailing Address 1121 SOUTH MILITARY TRAIL Suite, Apt. #, etc, SUITE 295 City & State DEERFIELD BEACH, FL	
Zip 33442	Country USA	Zip 33442	Country USA

U00000533424
05/06/06-80116-024 61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2193608		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			

**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)

DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. GEORGE PALMER 579 DURHAM U CENTURY VILLAGE EAST DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA CAHAN 1701 ANDROS ISLE APT D4 COCONUT CREEK, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE LAKER 800 GENESSEE TAMPA, FL 33604	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 PRESIDEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2006 **954-425-4776**
Date Daytime Phone #