

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 029 ****61.25

DOCUMENT # 759060 1. Entity Name JOHN MISKOFF FOUNDATION, INC.					
Principal Place of Business 1121 SOUTH MILITARY TR SUITE 295 DEERFIELD BEACH, FL 33442 US			Mailing Address 1121 SOUTH MILITARY TR SUITE 295 DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2193608				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, GEORGE 849 - S.E 8 AVENUE STE 3 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name PALMER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 579 DURHAM V CENTURY VILLAGE East City DEERFIELD BEACH FL Zip Code 33442		
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 <u><i>George Palmer</i></u> DATE <u>4-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALMER, GEORGE 879 DURHAM U-CENTURY VILLAGE E DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALMER, GEORGE 579 DURHAM - CVE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAHAN, SYLVIA 1701 ANDROS ISLE COCONUT CREEK, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMER, LOIS 7322-SW 80 ST PLZA PT 192 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAKER, JOYCE 800 GENESSEE TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: <u><i>George Palmer, George Palmer</i></u> <u>4-21-08</u> <u>954425-4776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					