2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #763537

THE JOANNA KENNON NORIEGA CHARITABLE FOUNDATION, INC.



Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90192 007 ****61.25

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business 1001 HARDEE ROAD 1001 HARDEE ROAD CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146						US		400002~~						
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required City Street Address of New Registered Agent Name Name Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or bo	Principal Place of Business - No P.O. Box # 3. Mailing Address														
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6. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent Name Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable of registered agent and the if applicable. Signature Filling Fee is \$81.25 Due by May 1, 2007 Delete TILE SPT NORIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP TITLE D ORRIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP TITLE NORIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP TITLE D ORRIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP TITLE D ORRIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP TITLE D ORRIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP D ORRIEGA, LAMAR J SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP D ORRIEGA, NELL T. SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP D ORRIEGA, NELL T. SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP D ORRIEGAN, NELL T. SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP D ORRIEGAN, NELL T. SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP D ORRIEGAN, NELL T. SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP D ORRIEGAN, NELL T. SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP D ORRIEGAN, NELL T. SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP ADDITIONS CHAMAR SIREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL Change Addit Addit Change Addit Change Addit Addit Addit Change Addit Addit Addit Change Addit A	City & State	ө	City & State				E0 004 4000					plied For t Applicable			
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LAMARJ NORIEGA 1001 HARDEE ROAD CORAL GABLES, FL 33146 City FL Zip Code		6. Name a	nd Address of Current I	Register	stered Agent			· · · · · ·	7. Name an	d Addr	ess of Nev	w Regist	tered A	gent	
B. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accerding 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	1001 HARI CORAL GA	DEE ROAD ABLES, FL			<u></u>			······································							
SIGNATURE Signature Signa								City						Zip Code	9
Filing Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS Trust Fund Contribution. TITLE SPT NAME NORIEGA, LAMAR J STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL TITLE NAME NORIEGA, LAMAR J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLANTA, GA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLANTA, GA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLANTA, GA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLANTA, GA	8. The above named entity submits this platement 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 ii applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
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NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP					NAMI STRE CITY	E et address -st-zip								Addition

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: #