


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000000084 1. Entity Name TOM JOYNER FOUNDATION, INC.	
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Principal Place of Business 13760 NOEL ROAD #750 DALLAS, TX 75240 US	Mailing Address P.O. BOX 2076 ADDISON, TX 75001-2076 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-2730557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301

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.

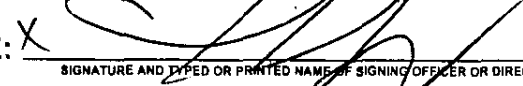
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	U000000341959 05/28/08-80127-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOYNER, JR., THOMAS 13760 NOEL ROAD, #750 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOYNER, THOMAS 13760 NOEL ROAD, #750 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, JANYCE S 13760 NOEL ROAD, #750 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYNER, ALBERT 13760 NOEL ROAD, #750 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, ROYCE 320 SOUTH R.L. THORNTON FWY, STE 300 DALLAS, TX 75203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOYNER, HERCULES 13760 NOEL ROAD, #750 DALLAS, TX 75240

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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:  **4-30-08** **9727891058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #