2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004877

JACQUELINE TOWNS MCCALL FOUNDATION, INC.



Principal Place of Business

Mailing Address

2623 DELMAR PLACE FORT LAUDERDALE, FL 33301 2623 DELMAR PLACE FORT LAUDERDALE, FL 33301

FILED Apr 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04172007 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 20-0094115 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MCCALL, JACQUELINE T

DO NOT WRITE

	MAR PLACE JDERDALE, FL 33301			IN	THIS	SPACE	and the second	
8. The above the obligations SIGNATURE.	and entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registered a	gent, or b	oth, in the Stat	e of Florida. I am fai	miliar with, and accept	
			d Agent signature required when	gent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 Added to	May Be Fees				
10.	OFFICERS AND DIRE		,		. y 2 . to	1,22,25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT MCCALL, JACQUELINE T 2623 DELMAR PLACE FORT LAUDERDALE, FL 33301				19 304		A Constitution of the Cons	
TITLE HAME STREET AUDHESS CITY ST ZIP					05/	U00000735 /10/07-800		
HILE NAME STREET ADDRESS CITY-ST-ZIP			mbang Tabupatan sa	DO	NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			And the second s	IN	THIS	SPACE		
TITLE NAME STREET ADDRESS CITY ST-ZIP				ν.		And the second s	and the second	
NAME STREET ADDRESS CITY-ST-ZIP					**************************************			

12. I hereby certify that the information supplied with this filling 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 of 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 obergike empowered.

SIGNATURE:

CER OR DIRECTOR