

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000530

FILED
Apr 13, 2007
Secretary of State

Entity Name: HUGH JAMEISON FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 245456
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9411 NW 3RD STREET
PEMBROKE PINES, FL 33024

Current Mailing Address:

P.O. BOX 245456
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0975978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMEISON, EULETT
9411 NW 3RD STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMEISON, EULETT
Address: 9411 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: JAMIESON, DAVID
Address: 16630 SW 62ND AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: SD () Delete
Name: STEWARTSON, JOSCELYN
Address: 15629 SW 16TH COURT
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DVP () Delete
Name: FRANCIS, SHARI
Address: 9411 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: DT () Delete
Name: JAMIESON, ANDLEY
Address: 15125 TEMPLE BLVD
City-St-Zip: LOXAHATCHEE, FL 334704496 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI FRANCIS

VP

04/13/2007

Electronic Signature of Signing Officer or Director

Date