2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001843

Entity Name: JOSEPH LAURORE FOUNDATION, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	N BAY CIRCL LM BEACH, F						
Current Mailing Address:				New Mailing Address:			
	ON BAY CIRCL LM BEACH, F						
FEI Number	: 65-1004008	FEI Number Applied For()	FEI Numb	er Not Appl	icable ()	Certificate of Status Des	sired ()
Name and	Address of	Current Registered Agent:	h	Name and	Address of I	New Registered Agen	t:
1124 BRO SUITE F	, ELSA PARA ADWAY BEACH, FL 33						
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of o	changing it	ts registered o	office or registered age	nt, or both,
SIGNATUI	RE:						
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	O (LEGER, PIERI 712 SUNFLOV WESTON, FL	/ER CIRCLE	۸ م	itle: lame: lddress: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	GUIRAND, BEI 3771 MOON B) Delete RNADETTE EX D AY CIRCLE , FL 33414 US	۸ م	Title: Jame: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	PIERRE, ROG 4390 COLONY		۸ م	Title: Name: Nddress: Dity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LEBLANC, WII 2473 PROVEN WESTON, FL	CE CIRCLE	۸ م	Title: Name: Nddress: Dity-St-Zip:	D (X LEBLANC, WIE 2473 PROVEN WESTON, FL	CE CIRCLE	
Title: Name: Address: City-St-Zip:	BELANCOURT 6298 HARWIC) Delete , KEITEL ENG. H CENTER RD. IEACH, FL 33417 US	۸ <u>م</u>	Title: Name: Address: Dity-St-Zip:	BELANCOURT 6298 HARWIC	C) Change () Addition , KEITEL MENB H CENTER RD. BEACH, FL 33417 US	
Title: Name: Address: City-St-Zip:	GUERRIER, R 230 ROYAL PA) Delete OBERT W ESQ. NLM BEACH BLVD. BEACH, FL 33411 US	۸ م	Title: Jame: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BERNADETTE LEGER-GUIRAND EXD 04/24/2007