

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90017 048 ****61.25

DOCUMENT # N00000006937

1. Entity Name
THE JIM MORAN FOUNDATION, INC.



Principal Place of Business
**100 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442**

Mailing Address
**P.O. BOX 4007
DEERFIELD BEACH, FL 33442**

40035527



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1058044

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANTON, THOMAS K
100 JIM MORAN BOULEVARD
DEERFIELD BEACH, FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LOPEZ, LUCIA C**
STREET ADDRESS **100 JIM MORAN BLD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **PD** ☐ Delete
NAME **MORAN, JANICE M**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **D** ☐ Delete
NAME **STITH, MELVIN T**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **SD** ☐ Delete
NAME **BURGESS, MELANIE A**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VD** ☐ Delete
NAME **MCGINNIS, LARRY D**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **TD** ☐ Delete
NAME **BLANTON, THOMAS K**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **NOLAND, RICHARD**
STREET ADDRESS **100 JIM MORAN BOULEVARD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **BURGESS, MELANIE A**
STREET ADDRESS **100 JIM MORAN BLVD**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS K. BLANTON
TREASURER**

2/27/08

Date

954-429-2566

Daytime Phone #