

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 014 ****75.00

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06082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000008297		
1. Entity Name MILTON W. ARNOLD & JOSEPHINE SHORE FOUNDATION, INC.		

Principal Place of Business 1757 BREAKERS POINT WAY WEST PALM BEACH, FL 33411	Mailing Address PO BOX 623 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # <i>1757 Breakers Point Way</i> Suite, Apt. #, etc.	3. Mailing Address <i>PO BOX 623</i> Suite, Apt. #, etc.
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City & State <i>West Palm Beach, Fl</i> Zip <i>33411</i> Country <i>USA</i>	City & State <i>Palm Beach, Fl</i> Zip <i>33480</i> Country <i>USA</i>
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6. Name and Address of Current Registered Agent SHORE, JOSEPHINE 1757 BREAKERS POINT WAY WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Josephine Shore</i> Signature, typed or printed name of registered agent and title if applicable	<i>Josephine Shore</i> (NOTE: Registered Agent signature required when reinstating)	DATE <i>06/25/07</i>	

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORE, JOSEPHINE PO BOX 386 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZMISTOWSKI, MARTHANN 8550 NASHUA DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHORE, JOSEPHINE 1757 BREAKERS POINT WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Josephine Shore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>06/25/07</i> Daytime Phone #