## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 27, 2008 08:00 AN Secretary of State DOCUMENT # N01000007239 JOEL P. PARKER FOUNDATION, INC. Principal Place of Business Mailing Address 1841 CR 209-B 1841 CR 209-B GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 3. Mailing Address 2. Principa: Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 02-0591320 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, C.F. SR Street Address (P.O. Box Number is Not Acceptable) 1841 CR 209-B GREEN COVE SPRINGS FL 32043 City 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 tipe if applicable DATE (NOTE: Box stored Anent signature and ared when an estating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition U00000952358 PARKER, C.F. SR NAME 06/04/08-80074-023 61.25 1841 CR 209-B STREET ADDRESS STREET ADDRESS GREEN COVE SORINGS FL CITY - ST - ZIP CITY-ST-ZIP DVST TITLE ☐ Delote Change Addition PARKER, JENNIFER NAME 1841 CR 209-B STREET ADDRESS STREET ADDRESS GREEN COVE SORINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PARKER, PEGINA NAME NAME STREET ADDRESS 1841 CR 209-B STREET ADDRESS GREEN COVE SORINGS FL CITY-ST-7IP CITY-ST-ZiP HILL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THE ☐ Delete HTLE Change ☐ Addition NAME NAME STREET AUDRLSS STREET ACOPESS CITY-ST-7IP CITY-ST-ZP 1:116 ☐ Delete HitL Change Addition MAKE NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. 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 corcoration 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:

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