

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01115

FILED  
Jan 31, 2005  
Secretary of State

**Entity Name:** THE JAMES REEVES KAYLOR MEMORIAL FOUNDATION, INC

**Current Principal Place of Business:**

C/O JOEL HIRSCHHORN  
2600 DOUGLAS ROAD PH1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOEL HIRSCHHORN  
2600 DOUGLAS ROAD PH1  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-2359415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIRSCHHORN, JOEL  
2600 DOUGLAS ROAD PH1  
CORAL GABLES, FL 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: KAYLOR, R. JAMES,  
Address: 1120 VILLAGE RD #4, P.O BOX 4179  
City-St-Zip: AVON, CO

Title: STD ( ) Delete  
Name: KAYLOR, DIANA,  
Address: 1120 VILLAGE RD #4, P.O BOX 4179  
City-St-Zip: AVON, CO

Title: D ( ) Delete  
Name: HIRSCHBORN, JOEL  
Address: 2600 DOUGLAS ROAD PH1  
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KAYLOR, R. JAMES,  
Address: 1120 VILLAGE RD #4, P.O BOX 4179  
City-St-Zip: AVON, CO 81620

Title: STD (X) Change ( ) Addition  
Name: KAYLOR, DIANA,  
Address: 1120 VILLAGE RD #4, P.O BOX 4179  
City-St-Zip: AVON, CO 81620

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 Section 119.07(3)(i), 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: R. JAMES KAYLOR

PRES

01/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date