

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01115

FILED
Jan 17, 2007
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:

C/O JOEL HIRSCHHORN
550 BILTMORE WAY PH3A
CORAL GABLES, FL 33134 US

Current Mailing Address:

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

New Mailing Address:

C/O JOEL HIRSCHHORN
550 BILTMORE WAY PH3A
CORAL GABLES, FL 33134 US

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:

HIRSCHHORN, JOEL
550 BILTMORE WAY PH3A
CORAL GABLES, FL 33134 US

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:

01/17/2007

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 81620

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HIRSCHBORN, JOEL
Address: 550 BILTMORE WAY PH3A
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: R. JAMES KAYLOR

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date