2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N03000008618

Entity Name: JOYCE JAY RAYMOND FOUNDATION, INC.

Current Principal Place of Business:

2400 MEDINA WAY
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

2400 MEDINA WAY
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-0279384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYMOND, JOHN J JR.
125 WORTH AVENUE
SUITE 330
PALM BEACH, FL 33480 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: RAYMOND, JOYCE J
Address: C/O 125 WORTH AVENUE, SUITE 330
City-St-Zip: PALM BEACH, FL 33480

Title: VD ( ) Delete
Name: ADELFIO, LYDIA W
Address: C/O 125 WORTH AVENUE, SUITE 330
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete
Name: HAYES, PATRICIA M
Address: C/O 125 WORTH AVENUE, SUITE 330
City-St-Zip: PALM BEACH, FL 33480

Title: TR (X) Delete
Name: GORAY, DONNA M
Address: C/O 125 WORTH AVENUE, SUITE 330
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Delete
Name: RAYMOND, JOHN J JR
Address: C/O 125 WORTH AVENUE SUITE 300
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: HAYES, PATRICIA M
Address: C/O 125 WORTH AVENUE, SUITE 330
City-St-Zip: PALM BEACH, FL 33480

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE JAY RAYMOND PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date