



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010940	
1. Entity Name JOY FROM HELPING THE LESS FORTUNATE FOUNDATION, INC.	



FILED

07 JAN -2 AM 11:27

REGISTRAR OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business HARWOOD H-80 DEERFIELD BEACH, FL 33442-3456	Mailing Address HARWOOD H-80 DEERFIELD BEACH, FL 33442-3456
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Same as above</i>		Suite, Apt. #, etc. <i>Same as above</i>	
City & State <i>Same as above</i>		City & State <i>Same as above</i>	
Zip	Country	Zip	Country

02062006 Chg-NP CR2E037 (11/05) *06*

4. FEI Number
59-3787564 ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent GRUBER, KENNETH A 80 HARDWOOD-H C DEERFIELD BEACH, FL 33442-3451		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 *Kenneth A. Gruber* *September 21, 2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input 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 PSD GRUBER, KENNETH A 63 PRESCOTT - C DEERFIELD BEACH, FL 334422031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD GRUBER, KENNETH A 80 HARWOOD-H C DEERFIELD BEACH, FL 33442	<input checked="" 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 400080148684 01/02/07--01054--019 **175.00	<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 400080148684 09/25/06--01053--012 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>A7113</i>	<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
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: *Kenneth A. Gruber* *954-263-5381*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #