

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N05000000408

1. Entity Name
JOY & CARE-GIVING FOUNDATION, INC.



Principal Place of Business

60 SURFVIEW DR., #121
PALM COAST, FL 32137

Mailing Address

60 SURFVIEW DR., #121
PALM COAST, FL 32137



02212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2155334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, JOSEFINA C
60 SURFVIEW DR., #121
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST GARCIA, JOSEFINA C 60 SURFVIEW DR STE 121 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GARCIA, BAYANI A 60 SURFVIEW DR STE 121 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALSON, BRIAN 89 CIMMARON DR. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PAGANO, RICHARD 4 BURNE PL PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SAN ANTONIO, NOEL 60 SURFVIEW DR STE 121 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000868905
04/09/08-80027-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/08 386 6271138