

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000408

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2155334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JOSEFINA C
60 SURFVIEW DR., #121
PALM COAST, FL 32137 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: PST () Delete
Name: GARCIA, JOSEFINA C
Address: 60 SURFVIEW DR STE 121
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: GARCIA, BAYANI A
Address: 60 SURFVIEW DR STE 121
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: ALSON, BRIAN
Address: 89 CIMMARON DR.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: PAGANO, RICHARD
Address: 4 BURNE PL
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SAN ANTONIO, NOEL
Address: 60 SURFVIEW DR STE 121
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEFINA C. GARCIA

PST

04/21/2009

Electronic Signature of Signing Officer or Director

Date