

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002998

FILED
May 01, 2008
Secretary of State

Entity Name: THE JESSICA CLINTON M.V.P. FOUNDATION INC

Current Principal Place of Business:

1651 SE GOUCHO AVE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

PO BOX 7012
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 43-2103129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMON, LALLOO N
1651 SE GOUCHO AVE
PORT ST LUCIE, FL 34952 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: PDT () Delete
Name: LALLOO, RAMON N
Address: 1651 SE GOUCHO AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VDS () Delete
Name: LALLOO, CHERYL A
Address: 1651 SE GOUCHO AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: DANNER, TROY
Address: 1641 SE GOUCHO AVE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: EPSKE, THOMAS
Address: 2120 SE WILD MEADOW CIR
City-St-Zip: PT ST LUCIE, FL 34952

Title: D () Delete
Name: KUEPPERS, ROBERT
Address: 2748 WHISPER LAKES CLUB
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: OUTTEN, ROSANNE
Address: 2421 NE 36 ST APT 6
City-St-Zip: LIGHTHOUSE, FL 33064

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: D (X) Change () Addition
Name: KUEPPERS, REBECCA
Address: 2748 WHISPER LAKES CLUB
City-St-Zip: ORLANDO, FL 32837

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: RAMON N LALLOO

Electronic Signature of Signing Officer or Director

PRES

05/01/2008

Date