

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009000

1. Entity Name
ANTHONY LAMAR ANDREWS MEMORIAL FOUNDATION
INC



Principal Place of Business

2 S.W. 7TH AVE
DANIA, FL 33004

Mailing Address

2 S.W. 7TH AVE
DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

FILED
Sep 05, 2008 08:00 AM
Secretary of State



09032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
76-0836067

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANHORN, JOYCE A
3040 CONGRESS PARK DR. APT 414
LAKE WORTH, FL 33461

**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

Joyce Vanhorn

Sep. 3, 2008

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | ANDREWS, JACQUELINE M |
| STREET ADDRESS | 2 S.W. 7TH AVE |
| CITY-ST-ZIP | DANIA, FL 33004 |
| TITLE | D |
| NAME | ANDREWS, ANDRE |
| STREET ADDRESS | 2 S.W. 7TH AVE |
| CITY-ST-ZIP | DANIA, FL 33004 |
| TITLE | V |
| NAME | VANHORN, JOYCE A |
| STREET ADDRESS | 3040 CONGRESS PK DR. #414 |
| CITY-ST-ZIP | LAKE WORTH, FL 33004 |
| TITLE | T |
| NAME | ANDREWS, DEREK |
| STREET ADDRESS | 2 S.W. 7TH AVE |
| CITY-ST-ZIP | DANIA, FL 33004 |
| TITLE | S |
| NAME | JONES, TYISHA |
| STREET ADDRESS | 2 S.W. 7TH AVE |
| CITY-ST-ZIP | DANIA, FL 33004 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000959039
09/05/08-80002-004 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:

Jacqueline M. Andrews
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep. 3, 2008

Date

954-923-1267

Daytime Phone #