

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2008
Secretary of State**

DOCUMENT# N06000009381

Entity Name: THE JWK MENTORING FOUNDATION, INC.

Current Principal Place of Business:

C/O JOHN W. KOZYAK
2525 PONCE DE LEON BLVD., 9TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O JOHN W. KOZYAK
2525 PONCE DE LEON BLVD., 9TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 42-1713041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS-BRINGHURST, BRENDA
2525 PONCE DE LEON BOULEVARD
9TH FLOOR
MIAMI, FL 33134 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: D () Delete
Name: KOZYAK, JOHN W
Address: 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LOPEZ-CASTRO, CORALI
Address: 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SHAW-WILDER, DETRA P
Address: 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: COX, MARCY
Address: 1311 MILLER DRIVE, ROOM 112
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SILVERMAN, BARBARA
Address: 255 ARAGON AVENUE, 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: DETRA P. SHAW-WILDER

D

02/15/2008

Electronic Signature of Signing Officer or Director

_____ Date