

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 06, 2009  
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

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date