


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90016 040 \*\*\*\*61.25

<b>DOCUMENT # N06000009412</b>	
1. Entity Name <b>PAT MORAN FAMILY FOUNDATION, INC.</b>	

Principal Place of Business <b>185 JIM MORGAN BLVD JMDF 138 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>PO BOX 4007 DEERFIELD BEACH, FL 33442</b>
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2. Principal Place of Business - No P.O. Box # <b>185 JIM MORAN BLVD</b>	3. Mailing Address <b>PO BOX 4007</b>
Suite, Apt. #, etc. <b>JMDF 138</b>	Suite, Apt. #, etc.

City & State <b>DEERFIELD BEACH, FL</b>	City & State <b>DEERFIELD BEACH, FL</b>
Zip <b>33442</b>	Country <b>USA</b>
Zip <b>33442</b>	Country <b>USA</b>

40000000



02272008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>MORAN, PATRICIA G 185 JIM MORGAN BLVD DEERFIELD BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name <b>THOMAS BLANTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>185 JIM MORAN BLVD</b> City <b>DEERFIELD BEACH</b> FL <b>33442</b>	
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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 *Thomas Blanton*, **THOMAS BLANTON** 3/17/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORGAN, PATRICIA 185 JIM MORGAN BLVD. JMDF 138 DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORGAN, PATRICIA G. 185 JIM MORAN BLVD - JMDF 138 DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAPERA, CHRISTINE B 185 JIM MORGAN BLVD. JMDF 138 DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAPERA, CHRISTINE B 185 JIM MORAN BLVD. - JMDF 138 DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDDIA, THOMAS 185 JIM MORGAN BLVD. JMDF 138 DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDDIA, THOMAS D. 185 JIM MORAN BLVD. - JMDF 138 DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDDIA, DONALD P 185 JIM MORGAN BLVD. JMDF 138 DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEDDIA, DONALD P. 185 JIM MORAN BLVD - JMDF 138 DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia M Moran* 4/14/08 754-429-2566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #