

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90017 037 ****61.25

DOCUMENT # N06000011572

1. Entity Name

JOEL LAWRENCE FOUNDATION CORPORATION



Principal Place of Business

Mailing Address

804 SOUTH THOMPSON AVE
DELAND FL 32720

804 SOUTH THOMPSON AVE
DELAND FL 32720

2. Principal Place of Business - No P.O. Box #

804 S. Thompson Ave

3. Mailing Address

804 S. Thompson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

87-0785086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, ANDREA
804 SOUTH THOMPSON AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: T
NAME: HORNE, TABATHA
STREET ADDRESS: 804 SOUTH THOMPSON AVE
CITY-STATE-ZIP: DELAND FL 32720 ☐ Delete

TITLE: S
NAME: WILLIAM, SAORIYA
STREET ADDRESS: 2703 PIONEER ROAD
CITY-STATE-ZIP: ORLANDO FL 32808 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T ☒ Change ☐ Addition
NAME: TABITHA Horne
STREET ADDRESS: 804 S. Thompson Ave
CITY-STATE-ZIP: DeLand, FL 32720

TITLE: S ☒ Change ☐ Addition
NAME: SABRIYA WILLIAM
STREET ADDRESS: 2703 Pioneer Road
CITY-STATE-ZIP: Orlando, FL 32808

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 386-734-0855