

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012991

FILED
Mar 05, 2007
Secretary of State

Entity Name: JAMES D. & MARILYN A. EVANS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O JAMES D. EVANS
263 SOUTH BEACH ROAD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

C/O JAMES D. EVANS
263 SOUTH BEACH ROAD
HOBE SOUND, FL 33455

New Mailing Address:

C/O JAMES D. EVANS
612 S.E. 5TH AVENUE SUITE # 1
FT. LAUDERDALE, FL 33301

FEI Number: 20-8083789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANIELS, NICHOLAS M ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2950
MIAMI, FL 33131 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: EVANS, JAMES D
Address: 263 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: EVANS, MARILYN A
Address: 263 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: EVANS, JAMES D JR.
Address: 500 CORAL WAY
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D (X) Delete
Name: CHAMPION, LAURA A
Address: 2613 MARINA DRIVE
City-St-Zip: LIGHTHOUSE POINTE, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOORE, HARRIETTE
Address: 612 SE 5TH AVENUE SUITE # 1
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D EVANS

D

03/05/2007

Electronic Signature of Signing Officer or Director

Date