2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012991

FILED Jaņ 15, 2<u>00</u>8 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O JAMES D. EVANS C/O JAMES D. EVANS 263 SOUTH BEACH ROAD 612 SE 5TH AVENUE SUITE #1 HOBE SOUND, FL 33455 FT LAUDERDALE, FL 33301

New Mailing Address: **Current Mailing Address:**

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

Name and Address of New Registered Agent:

DANIELS, NICHOLAS M ESQ. C/O THERREL BAISDEN, P.A ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition EVANS, JAMES D EVANS, JAMES D Name: Name:

263 SOUTH BEACH ROAD Address: 612 SE 5TH AVENUE SUITE #1 Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Delete Title: DV (X) Change () Addition EVANS, MARILYN A Name: EVANS, MARILYN A Name:

Address: 263 SOUTH BEACH ROAD Address: 612 SE 5TH AVENUE SUITE # 1 City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Delete Title: DVT (X) Change () Addition MOORE, HARRIETTE MOORE, HARRIETTE Name: Name:

612 SE 5TH AVENUE SUITE # 1 612 SE 5TH AVENUE SUITE # 1 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete Title: VS () Change (X) Addition

Name: Name: AMARO, NICHOLAS 612 SE 5TH AVENUE SUITE # 1 Address: Address: City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33301

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: NICHOLAS AMARO VP/S 01/15/2008