


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 040 ****70.00

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1. Entity Name
JFK CV 67 MEMORIAL FOUNDATION INC



Principal Place of Business
**3418 NORTH OCEAN BLVD, STE 122
 FORT LAUDERDALE, FL 33308**

Mailing Address
**3418 NORTH OCEAN BLVD, STE 122
 FORT LAUDERDALE, FL 33308**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

40000000



03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8274779

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAHN, JEFFREY B
 11555 HERON BAY BLVD
 SUITE 102
 CORAL SPRINGS, FL 33076**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

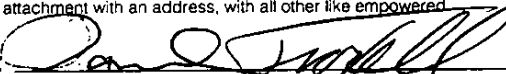
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TROXELL, PAUL	
STREET ADDRESS	1013 NW 31ST AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXELL, PAUL	
STREET ADDRESS	6503 FLAMINGO WAY.	
CITY-ST-ZIP	COCONUT CREEK, FL. 33073	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Millsaps, Joe	
STREET ADDRESS	5300 North Federal Hwy.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33308	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Commiskey, DIANNA	
STREET ADDRESS	2501 N. Ocean Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33305	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, DIEGO	
STREET ADDRESS	15920 KINGSMOOR WAY	
CITY-ST-ZIP	MIAMI LAKES, FL. 33014	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, GARRY	
STREET ADDRESS	5202 N.W. 27TH AVE.	
CITY-ST-ZIP	TAMARAC, FL. 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, RICK	
STREET ADDRESS	7545 CENTURION PARKWAY Ste. 403	
CITY-ST-ZIP	Jacksonville, FL. 32256-4119	

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:  **4-1-08** **931-563-0525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #