

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90116 007 ****61.25

00110023

DOCUMENT # N42680

1. Entity Name

THE JEANETTE MCCORMACK REFUGE, INC.



Principal Place of Business

Mailing Address

~~8957 NORTH ELIZABETH AVENUE~~
~~PALM BEACH GARDENS FL 33418~~

~~8957 NORTH ELIZABETH AVENUE~~
~~PALM BEACH GARDENS FL 33418~~

2. Principal Place of Business

386 S.W. LINDEN ST

3. Mailing Address

386 S.W. LINDEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number **65-0338320**

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDER, JOANNA MCCORMACK
8957 NORTH ELIZABETH AVENUE
PALM BEACH GARDENS FL 33418

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDER, RICHARD 8957 N ELIZABETH AVE PALM BEACH GARD. FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNIODER, GEORGE 2998 SE SALERNO ROAD STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDER, JOANNA M. 8957 N. ELIZABETH AVE. PALM BEACH GARDENS FL 33418-6121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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 exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanna McCormack Sander

JOANNA MCCORMACK SANDER
7/23/03 772-286-8029

CR2E037 (4/03)