


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90005 015 ****61.25

DOCUMENT # N42807	
1. Entity Name JOURNEYWORK FOUNDATION, INC.	

Principal Place of Business 1104 DORIS AVE TAVARES, FL 32778	Mailing Address 1104 DORIS AVE TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE

40043000



02062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3062019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOKER, BRAD
 1104 DORIS AVE
 TAVARES, FL 32778


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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, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOKER, BRAD 1104 DORIS AVE TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, JO ANN BOX 1471 N/A MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGH088-FIN 100698 OVERSEAS HWY KEY LARGO, FL 33031 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOKER, JASON 100698 OVERSEAS HWY KEY LARGO, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3-30-05** **352-742-1589**
Signature and typed or printed name of signing officer or director Date Daytime Phone #