2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N42807

1. Entity Name
JOURNEYWORK FOUNDATION, INC.

Principal Place of Business	Mailing Address
1104 DORIS AVE	1104 DORIS AVE
TAVARES, FL 32778	TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

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02062005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3062019	Not Applicable

5. Certificate of Status Desired ☐   **$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 _____

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

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	D
NAME	SMOKER, BRAD
STREET ADDRESS	1104 DORIS AVE
CITY-ST-ZIP	TAVARES, FL

TITLE	D
NAME	RODGERS, JO ANN
STREET ADDRESS	BOX 1471 N/A
CITY-ST-ZIP	MOUNT DORA, FL

TITLE	D
NAME	~~HIGHOBB, FIN~~
STREET ADDRESS	~~100698 OVERSEAS HWY~~
CITY-ST-ZIP	~~KEY LARGO, FL 33031~~

TITLE	D
NAME	SMOKER, JASON
STREET ADDRESS	100698 OVERSEAS HWY
CITY-ST-ZIP	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: _____   3-31-05   352-742-1599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #