

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N42807</b> 1. Entity Name <b>JOURNEYWORK FOUNDATION, INC.</b>	
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Principal Place of Business 1104 DORIS AVE TAVARES FL 32778	Mailing Address 1104 DORIS AVE TAVARES FL 32778
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1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SMOKER, BRAD 1104 DORIS AVE TAVARES FL 32778	Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete SMOKER, BRAD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000780488	
NAME	1104 DORIS AVE		NAME	05/25/07-80014-011 61.25	
STREET ADDRESS	TAVARES FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete RODGERS, JO ANN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOX 1471 N/A		NAME		
STREET ADDRESS	MOUNT DORA FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete SMOKER, JASON		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	100698 OVERSEAS HWY		NAME		
STREET ADDRESS	KEY LARGO FL 33031		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 