

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N45628

1. Entity Name
THE MICHAEL FOUNDATION, INC.



Principal Place of Business
**1200 N FEDERAL HWY, STE 420
BOCA RATON, FL 33432**

Mailing Address
**1200 N FEDERAL HWY, STE 420
BOCA RATON, FL 33432**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1992204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR
1200 N FEDERAL HWY #420
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, EDWARD
STREET ADDRESS 1502 GUNPOWDER RD.
CITY-ST-ZIP PHOENIXVILLE, PA 19460

TITLE SD
NAME HILL, MARSHA
STREET ADDRESS 1502 GUNPOWDER RD
CITY-ST-ZIP PHOENIXVILLE, PA 19460

TITLE TD
NAME ADAMS-MARQUISS, FRANCINE
STREET ADDRESS 8635 SE 28TH AVE
CITY-ST-ZIP MIWAUKIE, OR 97222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward R. Hill **Edward R. Hill** **Feb. 10, 2007** **610-935-7043**