

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46314

FILED
May 01, 2008
Secretary of State

Entity Name: THE JOANNE HEARST LAWRENCE FOUNDATION, INC.

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

C/O TOM C. KLEIN 450 SEVENTH AVE
SUITE 1109
NEW YORK, NY 10123

Current Mailing Address:

C/O TOM C. KLEIN
450 7TH AVE., SUITE 1109
NEW YORK, NY 10123 US

New Mailing Address:

C/O TOM C. KLEIN 450 SEVENTH AVE
SUITE 1109
NEW YORK, NY 10123

FEI Number: 65-0331600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAWRENCE, JOANNE HEA, RST
Address: 1508 EAST 31ST ST
City-St-Zip: TULSA, OK 74105

Title: D () Delete
Name: KLEIN, TOM C CPA
Address: 450 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10123

Title: D () Delete
Name: GAY, DEBORAH HEARST
Address: PO BOX 1516
City-St-Zip: SOUTH HAMPTON, NY 11969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM C. KLEIN

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05/01/2008

Electronic Signature of Signing Officer or Director

Date