


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N46546 1. Entity Name MARIE JUSTINE PALMER FOUNDATION, INC. |  |
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| Principal Place of Business 8053 S W 186 ST MIAMI FL 33157 US | Mailing Address 8053 S W 186 ST MIAMI FL 33157 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
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1st MOORE CR2E037 (10/04)

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| 6. Name and Address of Current Registered Agent PALMER, ROBERT 8053 SW 186 ST MIAMI FL 33157 | |
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| 4. FEI Number 65-0301783 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D PALMER, ROBERT 8053 SW 186 ST MIAMI FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D PALMER, ALFRED 12790 S DIXIE HWY MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D PALMER, PAUL 12790 S. DIXIE HWY MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D PALMER, MARGARITA 8053 SW 186 ST MIAMI FL 33157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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03/07/05-80100-006 61.25

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.

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| SIGNATURE: <i>X. Robert Palmer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 305-278-9751 ROBERT PALMER 2/7/05 Date Daytime Phone # |
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