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

Mar 15, 2007 08:00 A DOCUMENT # N46546 1. Entity Namo **Secretary of State** MARIE JUSTINE PALMER FOUNDATION, INC. Principal Place of Business Mailing Address 8053 S W 186 ST 8053 S W 186 ST MIAMI FL 33157 US MIAMI FL 33157 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0301783 Not Applicable Zip Country Źıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMER, ROBERT Stroet Address (P.O. Box Number is Not Acceptable) 8053 SW 186 ST **MIAMI FL 33157** 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 | | 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) FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. THE ☐ Delete TITLE Change NAME PALMER, ROBERT U00000668591 STREET ADDRESS 8053 SW 186 ST STREET ADDRESS 03/27/07-80036-018 61.25 CiTY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME PALMER, ALFRED STREET ADDRESS 12790 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-SI-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME PALMER, PAUL NAME STREET ADDRESS STREET ADDRESS 12790 S. DIXIE HWY CHY-ST-7IP CHY-SI-7IP **MIAMI FL 33156** DITE Delete RILLE ☐ Change ☐ Addition NAME NAME PALMER, MARGARITA STREET ADDRESS STREET ADDRESS 8053 SW 186 ST CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33157** THIE ☐ Defete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-ST-ZIP

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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 eath; 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: