

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46546

FILED
Mar 03, 2009
Secretary of State

Entity Name: MARIE JUSTINE PALMER FOUNDATION, INC.

Current Principal Place of Business:

8053 S W 186 ST
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

8053 S W 186 ST
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0301783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, ROBERT
8053 SW 186 ST
MIAMI, FL 33157 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: D () Delete
Name: PALMER, ROBERT
Address: 8053 SW 186 ST
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: PALMER, ALFRED
Address: 12790 S DIXIE HWY
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: PALMER, PAUL
Address: 12790 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: PALMER, MARGARITA
Address: 8053 SW 186 ST
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: NAVARRO, GUSTAVO R
Address: 14318 SW 158 PATH
City-St-Zip: MIAMI, FL 33196

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: ROBERT PALMER

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date