

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N94000006007

1. Entity Name

MARGARET LEFRANC ART FOUNDATION, INC.



Principal Place of Business

627 CAMINO DE LA LUZ
SANTA FE NM 87505-5925
US

Mailing Address

369 MONTEZUMA AVE.
#421
SANTA FE NM 87501
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0596823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADLEY, HOWARD
2352 CAROLTON ROAD
MAITLAND FL 32751-3625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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 and title are required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	MCKENZIE, SANDRA	
STREET ADDRESS	627 CAMINO DE LA LUZ	
CITY- ST- ZIP	SANTA FE NM 87505	
TITLE	D	☐ Delete
NAME	FARKAS, KLARA	
STREET ADDRESS	3547 ST GAUDENS RD	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	D	☐ Delete
NAME	KNAUBER, JEANNE	
STREET ADDRESS	5979 SW 58TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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.

SIGNATURE: *Sandra McKenzie* President

1/29/08 505-
983-1790