2007 NOT-FOR-PROFIT COP PORATION ANNUAL REPORT (I/R)

## FILED DOCUMENT # N97000001411 Jan 25, 2007 08:00 A 1. Entity Namo **Secretary of State** BJ'S FOUNDATION, INC. Principal Place of Business Mailing Address 521 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301 521 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301 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 65-0745280 Not Applicable Zip Country Ziρ 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 BUNTROCK, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 521 E. LAS PLAS BL FORT LAUDERDALE FL 33301 City 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 Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature recitized when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 mit D ☐ Delete IIIIF ☐ Cfvange ☐ Addition iAM. BUNTROCK, ELIZABETH H NAM U00000604421 SINLL LADDRESS STREET ADDRESS. 521 EAST LAS OLAS BLVD. 01/29/07-80053-013 61.25 CHY ST BP FORT LAUDERDALE FL 33301 CITY SI-7IP MILE Delete TITLE Change Addition NAME BUNTROCK, CECILY NAME STREET ADDRESS 521 EAST LAS OLAS BLVD. STREET ADDRESS CHY SI ZIP FORT LAUDERDALE FL 33301 CITY ST-ZIP ШП Delete TITLE ☐ Change Addition NAMi NAM BUNTROCK, DANA SIDELT ADORESS 1242 NO LAKESHORÊ DRIVE APT 17N SHEFT AUTHESS CHY SI-ZIP CHICAGO IL 60610 CITY ST-7P IIILI ☐ Defete THE Addition Change NAME NAME SIMILI ADDRESS STREET ADDRESS CITY ST-787 CITY-ST ZIP HIIE ☐ Delete ☐ Change Addition NAM NAME STREET ADDRESS SINTELADORESS CUTY ST-ZIP PITY-ST-ZIP MIL Delete Addition IME □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-SI ZIP 12. I heroby 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 logal 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: 24 a be The Sum Track EL, 2 ABETH BUNTROCK 1/21/01 954) 523-4155