


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000002852 1. Entity Name JOYCE C. FISHER FOUNDATION, INC.	
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Principal Place of Business 340 ROYAL POINCIANA WAY STE 2C PALM BEACH, FL 33480	Mailing Address 340 ROYAL POINCIANA WAY STE 2C PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0754318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAFERKAMP, CLAYTON M
340 ROYAL POINCIANA WAY
STE 3C
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FISHER, JOYCE C 700 N LAKE WY PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, EDWARD M 274 NORTHWESTERN HWY SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFERKAMP, CLAYTON M 340 ROYAL POINCIANNA WAY STE 2C PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/05-80049-022 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clayton M. Haferkamp Clayton M. Haferkamp 1/27/05 561.655-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #