## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 21, 2006 8:00 am DOCUMENT # N97000002852 **Secretary of State** 1. Entity Name 03-21-2006 90010 023 \*\*\*\*70.00 JOYCE C. FISHER FOUNDATION, INC. Principal Place of Business Mailing Address 2. Principal Place of Business SUITE 306E, GOLDEN BEAR PLAZA SUITE 306E, GOLDEN BEAR PLAZA Suite, Apt. #, etc. Suite, Apt. #, etc. 11770 U.S. HIGHWAY ONE 1st MOORE CR2E037 (10/05) 11770 U.S. HIGHWAY ONE City & State City & State Applied For PALM BEACH GARDENS, FL 33408 65-0754318 PALM BEACH GARDENS. FL33408 Not Applicable Zıp Country Zip \$8.75 Additional 5. Certificate of Status Desired KX 33408 PALM BEACH Fee Required PALM BEACH 33408 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAFERKAMP, CLAYTON M. HAFERKAMP, CLAYTON M Street Address (P.O. Box Number is Not Acceptable) SUITE 306E, GOLDEN BEAR PLAZA 340 ROYAL POINCIANA WAY STE 3C 11770 U.S. HIGHWAY ONE PALM BEACH FL 33480 Zin Gode 33408 PALM BEACH GARDENS, 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 nam FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE XX Change Addition TITLE FISHER, JOYCE C NAME NAME 160 BEAR'S CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE RAMAN BOOK RIX CITY-ST-ZIP JUPITER, FL 33477 ☐ Change Addition ☐ Delete TITLE TITLE PARKS, EDWARD M NAME NAME 274 NORTHWESTERN HWY STREET ADDRESS STREET ADDRESS SOUTHFIELD MI CITY-ST-ZIP CITY-ST-7IP XX Change TITLE Delete TITLE Addition HAFERKAMP, CLAYTON M SUITE 306E, GOLDEN BEAR PLAZA NAME NAME STREET ADDRESS STREET ADDRESS 11770 U.S. HIGHWAY ONE CITY-\$1-ZIP RXIMX BEAD HELX363(80X CITY - ST - ZIP PALM BEACH GARDENS. FL 33408 TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: (low to m Hakersone Clayton in HAFERRAIN) /106 501-655-6900

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.