


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90097 019 *****70.00

DOCUMENT # N97000002852	
1. Entity Name JOYCE C. FISHER FOUNDATION, INC.	

Principal Place of Business SUITE 306E, GOLDEN BEAR PLAZA 11770 US HIGHWAY ONE PALM BEACH GARDENS FL 33408	Mailing Address SUITE 306E, GOLDEN BEAR PLAZA 11770 US HIGHWAY ONE PALM BEACH GARDENS FL 33408
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2. Principal Place of Business - No P.O. Box # 2117 S. U.S. Hwy one	3. Mailing Address 2117 S. U.S. Hwy one
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Jupiter, Florida	City & State Jupiter, Florida
Zip 33477	Zip 33477
Country Palm Beach	Country Palm Beach

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 SUITE 306E, GOLDEN BEAR PLAZA 11770 US. HIGHWAY ONE PALM BEACH GARDENS FL 33408

7. Name and Address of New Registered Agent Name: HAFERKAMP Clayton M. Street Address (P.O. Box Numbers Not Acceptable): 2117 South U.S. Hwy One City: Jupiter FL Zip Code: 33477

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 Clayton M. Haferkamp Clayton M. HAFERKAMP 1/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHER, JOYCE C		NAME	
STREET ADDRESS 160 BEAR'S CLUB DRIVE		STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33477		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKS, EDWARD M		NAME	
STREET ADDRESS 274 NORTHWESTERN HWY		STREET ADDRESS	
CITY-ST-ZIP SOUTHFIELD MI		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAFERKAMP, CLAYTON M		NAME HAFERKAMP, Clayton M.	
STREET ADDRESS 11770 US. HWY 1, SUITE 306E GBR		STREET ADDRESS 2117 South U.S. Hwy one	
CITY-ST-ZIP PALM BEACH GARDENS FL 33408		CITY-ST-ZIP Jupiter, FL 33477	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Clayton M. Haferkamp Clayton M. HAFERKAMP 1/25/07 7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)