

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90021 021 ****61.25

DOCUMENT # N97000003545	
1. Entity Name MARGIE JOY FOUNDATION, INC.	

40012569



Principal Place of Business 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781	Mailing Address 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781
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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

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3447422		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREEN, MARGIE R 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781		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 required when reinstating) DATE _____

Filing 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARGIE R	NAME	
STREET ADDRESS	5700 70TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, CAROL R	NAME	
STREET ADDRESS	5700 70TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, KEVIN A	NAME	
STREET ADDRESS	5700 70TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARGIE R	NAME	
STREET ADDRESS	5700 70TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, CAROL R	NAME	
STREET ADDRESS	5700 70TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	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 Chapter 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: Margie R. Green Margie R. Green 1/23/07 727-545-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #