


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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000007002**  
 1. Entity Name  
**JOSEPH G. MARKOLY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**220 ARROWHEAD CT.**      **220 ARROWHEAD CT.**  
**WINTER SPRINGS FL 32708**      **WINTER SPRINGS FL 32708**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**43-6741175**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STERLING, EDWARD**  
**626 US HWY ONE**  
**STE 118**  
**NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAMPIER, DIANE</b> <b>418 RAYMOND AVE</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add: <b>000000455777</b> <b>03/16/06-80002-006 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SQUILLACIOTI, NANCY</b> <b>1917 AQUARIUS COURT</b> <b>OVIEDO FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENSON, CHARLES</b> <b>220 ARROWHEAD CT.</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENSON, DOROTHY</b> <b>220 ARROWHEAD CT.</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SQUILLACIOTI, CHRISTOPHER</b> <b>8869 GROVE SPRING DRIVE</b> <b>GERMANTOWN TN 38139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add:

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.