


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 018 ****61.25

DOCUMENT # N97000007002					
1. Entity Name JOSEPH G. MARKOLY FOUNDATION, INC.					
Principal Place of Business 220 ARROWHEAD CT. WINTER SPRINGS, FL 32708			Mailing Address 220 ARROWHEAD CT. WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 43-6741175		Applied For 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		
STERLING, EDWARD 626 US HWY ONE STE 118 NORTH PALM BEACH, FL 33408			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAMPIER, DIANE	NAME			
STREET ADDRESS	418 RAYMOND AVE	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SQUILLACIOTTI, NANCY	NAME			
STREET ADDRESS	1917 AQUARIUS COURT	STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32766	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENSON, CHARLES	NAME	DECEASED		
STREET ADDRESS	220 ARROWHEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENSON, DOROTHY	NAME			
STREET ADDRESS	220 ARROHEAD CT.	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SQUILLACIOTTI, CHRISTOPHER	NAME			
STREET ADDRESS	8869 GROVE SPRING DRIVE	STREET ADDRESS			
CITY-ST-ZIP	GERMANTOWN, TN 38139	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: <u>Dorothy Benson</u>		DOROTHY BENSON		3/12/08 (407)365-1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	