

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007002

FILED
Mar 17, 2009
Secretary of State

Entity Name: JOSEPH G. MARKOLY FOUNDATION, INC.

Current Principal Place of Business:

220 ARROWHEAD CT.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

220 ARROWHEAD CT.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 43-6741175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAMPIER, DIANE
Address: 418 RAYMOND AVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: SQUILLACIOTI, NANCY
Address: 1917 AQUARIUS COURT
City-St-Zip: OVIEDO, FL 32766

Title: D () Delete
Name: BENSON, DOROTHY
Address: 220 ARROHEAD CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: SQUILLACIOTI, CHRISTOPHER
Address: 8869 GROVE SPRING DRIVE
City-St-Zip: GERMANTOWN, TN 38139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY BENSON

TTEE

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date