

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

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 008 ****61.25

DOCUMENT # N98000000802

1. Entity Name

THE MARY KAY AND JAMES D. FARLEY FUND, INC.



Principal Place of Business

NORTHERN TRUST BANK
11301 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408-3220

Mailing Address

NORTHERN TRUST BANK
11301 US HWY ONE
NORTH PALM BEACH FL 33408



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

4. FEI Number

31-1590199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESSLY, JR., JAMES G ESQ.
222 LAKEVIEW AVENUE
SUITE 910
WEST PALM BEACH FL 33401

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: C ☐ Delete
NAME: FARLEY, MARY KAY
STREET ADDRESS: 7107 SE GOLFHOUSE DR
CITY-STATE-ZIP: HOBE SOUND FL 33455

TITLE: VTDP ☐ Delete
NAME: FARLEY, JAMES D
STREET ADDRESS: 7107 SE GOLFHOUSE DR
CITY-STATE-ZIP: HOBE SOUND FL 33455

TITLE: SD ☐ Delete
NAME: JOHNSON, JEFFREY L
STREET ADDRESS: 11301 US HWY ONE
CITY-STATE-ZIP: NORTH PALM BEACH FL 33408

TITLE: D ☐ Delete
NAME: FARLEY, FRANCES ANNE
STREET ADDRESS: 281 CORRIE ROAD
CITY-STATE-ZIP: ANN ARBOR MI 48105

TITLE: D ☐ Delete
NAME: FARLEY, JAMES D JR.
STREET ADDRESS: 518 10TH ST
CITY-STATE-ZIP: SANTA MONICA CA 90402-2818

TITLE: D ☐ Delete
NAME: FARLEY, KATHRYN T
STREET ADDRESS: 807 CHURCH ST, APT 401
CITY-STATE-ZIP: EVANSTON IL 60201

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Change ☐ Addition
NAME: FARLEY, KATHRYN T.
STREET ADDRESS: 1630 CHICAGO AVE., APT. 2003
CITY-STATE-ZIP: EVANSTON, IL 60201-6024

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:

Jeff Johnson, SUP, NT ND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2007 561-622-4600

Date

Daytime Phone #