

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005144

1. Entity Name

MARVIN JONES CHARITABLE FOUNDATION, INC.



Principal Place of Business

536 N. BISCAYNE RIVER DRIVE
MIAMI, FL 33169

Mailing Address

536 N. BISCAYNE RIVER DRIVE
MIAMI, FL 33169



07192004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1676192

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUTLER, DONALD
ONE SOUTHEAST THIRD AVENUE
TENTH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000168637
07/28/04-80004-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, FREDERICK
STREET ADDRESS	536 N. BISCAYNE RIVER DRIVE
CITY- ST- ZIP	MIAMI, FL 33169
TITLE	D
NAME	BUTLER, DONALD
STREET ADDRESS	ONE S.E. THIRD AVENUE, TENTH FLOOR
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	VD
NAME	COLONBO, JOSEPH
STREET ADDRESS	14 WHITE PINE LANE
CITY- ST- ZIP	POOVOTT, NY 11733
TITLE	T
NAME	BLOCK, JUSTIN
STREET ADDRESS	10 DARTRIDGE DRIVE
CITY- ST- ZIP	COMMACK, NY 11725
TITLE	S
NAME	PALANRYIA, PAUL
STREET ADDRESS	165 CLISTON
CITY- ST- ZIP	BELMONT, MA 02478
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04 305 5270223
Date Daytime Phone #