

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90031 008 \*\*\*\*61.25

**DOCUMENT # N99000005153**

1. Entity Name  
**JAMES AND JOANNE MITCHELL FOUNDATION, INC.**



Principal Place of Business  
**9095 S.W. 87TH AVENUE  
SUITE 777  
MIAMI, FL 33176**

Mailing Address  
**9095 S.W. 87TH AVENUE  
SUITE 777  
MIAMI, FL 33176**

**40043719**



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0947655**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GORDON, HOWARD W  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MITCHELL, JOANNE 9095 S.W. 87TH AVENUE SUITE 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD MITCHELL, JAMES 9095 S.W. 87TH AVENUE SUITE 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAND, JENNIFER 9095 S.W. 87TH AVENUE SUITE 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, JOANNA 9095 S.W. 87TH AVENUE SUITE 777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James R. Mitchell 3/10/08  
305-270-0870**