

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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 019 ****70.00

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1. Entity Name
**JOHN D. MARSHALL HISPANIC-AMERICAN
FOUNDATION INCORPORATED**



Principal Place of Business

**4031 N.E. 27th Terr.
Lighthouse Point
Fl. 33064**

Mailing Address

**P.O. Box 11394
Ft. Lauderdale Fl.
33339**

54022132



02142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3612555

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, JOHN D
4031 N.E. 27th Terr.
Lighthouse Point Fl.
33064**

**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

John D. Marshall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARSHALL, JOHN D
STREET ADDRESS **4031 N.E. 27th Terr.**
CITY-ST-ZIP **Lighthouse Point Fl. 33064**

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MARSHALL, JOHN D JR.
STREET ADDRESS 101 DOGWOOD RIDGE DR.
CITY-ST-ZIP HAMPTON, GA 30228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

John D. Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

704/915-5189

Daytime Phone #