2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99Q00007415

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

Principal Place of Business	Mailing Address
4031 N.E. 27TH TERR. LIGHTHOUSE, FL 33064	4031 N.E. 27TH TERR. #201 LIGHTHOUSE, FL 33064

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03302005 No Chg-NP   CR2E037 (10/03)

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, FL 33064

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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, Pres_

(Signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)

DATE _4/14/05_

Filing Fee is $61.25 **Due by May 1, 2005**	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, 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	

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U4/25/05-80044-025 70.00

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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, Pres. 4/14/05_   954-783/4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #