2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000007415

1. Entity Name

JOHN D. MARSHALL HISPANIC-AMERICAN FOUNDATION INCORPORATED



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90314 020 ****70.00

Principal Place of Business

4031 N.E. 27TH TERR. LIGHTHOUSE, FL 33064 Mailing Address

4031 N.E. 27TH TERR.

Point LIGHTHOUSE, FL 33064



02052006 No Chg-NP

CR2E037 (11/05)

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



SPOINT.

DO	NOT	WRITE
IN	THIS	SPACE

	<u> </u>				
 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 a	pplicable. (NOTE: Registered Agent signatu	re required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, JOHN D 4031 N.E. 27TH TERR. LIGHTHOUSE, FL 33064				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PolNt				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JOHN D JR. 101 DOGWOOD RIDGE DR. HAMPTON, GA 30228		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110. Florida Statutes, United and the statutes of					

12. Thereby certify that the information supplied with this filling 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:

ohn D. Marshall Presus

3/15/06

54/783-4344 Daystime Phone #