

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000007415

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

4031 N.E. 27TH TERR.  
LIGHTHOUSE POINT, FL 33064



01262007 No Chg-NP

CR2E037 (4/06)

**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 obligation of registered agent.

SIGNATURE

*President*  
*John D. Marshall* *John D. Marshall* *2/22/07*  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/12/07-80033-004 70.00

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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:

*John D. Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/07* *954-783-4344*  
Date Daytime Phone #