


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90009 044 ****70.00

DOCUMENT # 766480	
1. Entity Name GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED	

Principal Place of Business 4881 GRIFFIN RD., APT 122 DAVIE FL 33314 US	Mailing Address 4881 GRIFFIN RD., APT 122 ³⁰³ DAVIE FL 33314 US
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2. Principal Place of Business 4881 GRIFFIN GARDEN APT 122 Suite, Apt. #, etc. # 122 # 303	3. Mailing Address 4881 GRIFFIN RD. 3 Suite, Apt. #, etc. # 303
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City & State DAVIE	City & State DAVIE	4. FEI Number 30-8260251	Applied For Not Applicable
Zip 33314	Country Broward	Zip 33314	Country Broward



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROBERTS, EMERALD 4881 GRIFFIN RD., APT 122 303 DAVIE FL 33314	7. Name and Address of New Registered Agent Name MAXINE StICKNEY Street Address (P.O. Box Number is Not Acceptable) 4881 GRIFFIN RD # 303 City DAVIE FL Zip Code 33314
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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: *Emerald Roberts* (NOTE: Registered Agent signature required when reinstating) DATE: **2-23-05**

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME ROBERTS, EMERALD	
STREET ADDRESS 4881 GRIFFIN RD APT 122	
CITY-ST-ZIP DAVIE FL 33314	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PACE, MARGARET	
STREET ADDRESS 4881 GRIFFIN RD APT 107	
CITY-ST-ZIP FORT LAUDERDALE FL 33314	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEN REEVES	
STREET ADDRESS 4881 GRIFFIN RD # 118	
CITY-ST-ZIP DAVIE, FL 33314	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAXINE StICKNEY	
STREET ADDRESS 4881 GRIFFIN RD # 303	
CITY-ST-ZIP DAVIE, FL 33314	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Secy	
STREET ADDRESS MARGARET PACE	
CITY-ST-ZIP 4881 GRIFFIN RD # 116	
CITY-ST-ZIP DAVIE FL 33314	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME B. J. Khalife	
STREET ADDRESS 4881 GRIFFIN RD. # 423	
CITY-ST-ZIP DAVIE, FL 33314	
TITLE 3m	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME cosmo mathis	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Maxine Stickney* DATE: **2-23-05** (954) 587-6002

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