


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 010 ****61.25

DOCUMENT # 767027 1. Entity Name INVENTORS SOCIETY OF SOUTH FLORIDA, INC.					
Principal Place of Business 21346 ST ANDREWS BLVD STE 209 BOCA RATON, FL 33433 US			Mailing Address 21346 ST ANDREWS BLVD STE 209 BOCA RATON, FL 33433 US		
2. Principal Place of Business 3220 S.W. 15 Street		3. Mailing Address P.O. Box 244306			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State Deerfield Beach, FL		City & State Boynton Beach, FL		4. FEI Number 59-2447428	
Zip 33442		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33442		Country U.S.A.		6. Name and Address of Current Registered Agent WATERS, ABBY 21346 ST ANDREWS BLVD STE 209 BOCA RATON, FL 33433	
7. Name and Address of New Registered Agent Name Alvin Blum Street Address (P.O. Box Number is Not Acceptable) 2350 Del Mar Place City Fort Lauderdale FL Zip Code 33301		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 <u><i>Alvin Blum</i></u> Alvin Blum <u>8/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, ABBY 4601 NW 26TH AVE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert L. Levy 745 N.E. 138 Street North Miami, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, FREDDY T 1500 SW 22ND AVE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Fulton, Jr. 7751 NE Bayshore Ct., #2-C, Miami, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAREMBA, JOANNA A 5605 NW 49TH AVE TAMARAC, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alvin Blum 2350 Del Mar Place Fort Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUGHLIN, RICHARD 1100 THERESA ST. STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILKEN, HOWARD 5600 FOREST OAKS TERR DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTERSEN, LUCY 3349 E LINDA DR JENSEN BEACH, FL 349573946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>John Fulton, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			John Fulton, Jr. <u>8-7-04</u> (305) 858-8000 <small>Date Daytime Phone #</small>		

54068541



06042004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL 33301

DATE

**Make check payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

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