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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04035

1. Corporation Name

FRIENDS OF SECRET WOODS, INC.

Principal Place of Business

FRIENDS OF SECRET WOOD
2701 W SR 84
FT LAUDERDALE FL 33312
US

Mailing Address

FRIENDS OF SECRET WOODS
2701 W SR 84
FT LAUDERDALE FL 33312
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/05/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRYAN, SCOTT L
2701 W SR 84
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

Molly Taylor

82 Street Address (P.O. Box Number is Not Acceptable)

6420 Roosevelt St

83

Hollywood FL 33024

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Molly Taylor

Molly Taylor

DATE

2/13/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAUCK, KAREN
STREET ADDRESS 616 NW 22 CT
CITY-ST-ZIP WILTON MANORS FL 33311

☐ DELETE

TITLE VPD
NAME MURFEY, MARY J
STREET ADDRESS 616 NW 22 CT
CITY-ST-ZIP WILTON MANORS FL 33311

☒ DELETE

TITLE DS
NAME DEGNAN, JULIE
STREET ADDRESS 1617 S E 2ND CT
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

TITLE TD
NAME BRYAN, SCOTT
STREET ADDRESS 1660 S W 22ND AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Molly Taylor

SIGNATURE REQUIRED

Molly Taylor

Date

Daytime Phone #

CR2E037 (1/98)