

FILED
Feb 09, 2004 08:00 AM
Secretary of State

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04035 1. Entity Name FRIENDS OF SECRET WOODS, INC.	
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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
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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0407337	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIDDLEMAN, APRIL C 843 HARRISON STREET HOLLYWOOD, FL 33019

**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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUCK, KAREN 616 NW 22 CT WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, ANNE 608 SW 7TH AVENUE FT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGE, JACK 886 ALAMANDA COURT PLATATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLEMAN, APRIL C 843 HARRISON STREET HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Paul C. Field TREASURER 2-04-04