

FILED
Feb 17, 2003 8:00 am
Secretary of State

DOCUMENT # N04035

FRIENDS OF SECRET WOODS, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Not Applicable

☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	PD	<input type="checkbox"/> Delete
NAME	MAUCK, KAREN	
STREET ADDRESS	616 NW 22 CT	
CITY-ST-ZIP	WILTON MANORS FL 33311	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	MURRAY, ANNE	
STREET ADDRESS	608 SW 7TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MOLLY	
STREET ADDRESS	6420 ROOSEVELT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANGE, JACK		
STREET ADDRESS	886 ALAMANDA COURT		
CITY-ST-ZIP	PLANTATION FL 33317		

TITLE	T	<input type="checkbox"/> Delete
NAME	MIDDLEMAN, APRIL C	
STREET ADDRESS	843 HARRISON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
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: ~~SIGNATURE REQUIRED~~ APRIL C. MIDDLEMAN, TREASURER 2/13/03 954-925-8735