## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N04035**

1. Entity Name

FRIENDS OF SECRET WOODS, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90191 018 \*\*\*\*61.25

T	ace of Business	Mailing Address		<del></del> -	1				
FRIENDS OF SECRET WOOD 2701 W SR 84 FT LAUDERDALE FL 33312 US		Friends of Secret Woods 2701 W SR 84 Ft Lauderdale FL 33312 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0407337 Applied For				
Zip	Country	Zip	Country		5. Certificate of S	<del></del>		<u>                                 </u>	lot Applicable Iditional
	6. Name and Address of Current	Registered Agent	<del>-  </del>	201	<u>t.                                    </u>			ee Requir	ed
<u> </u>		negistered Agent	Name	. ,	7. Name and Add	dress of New Re	gistered A	gent	<del></del>
843 HAI	MAN, APRIL C RRISON STREET		Street	Address (F	P.O. Box Number is	Not Acceptable)			
HOLLYV	VOOD FL 33019								
			City				FL	Zip Cod	•
8. The abov	e named entity submits this statement fo ations of registered agent.	or the purpose of changing its	registered office of	or registere	ed agent, or both, in	the State of Florid	da. I am fa	miliar with.	and accept
SIGNATURE	, ,								
, ·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ature required v	when reinstating)		DATE		<del></del>
7	÷		<del></del>		<del></del>				
•	FILE NOW: FEE IS \$61.25	9. Election Cam			\$5.00 May Be	Make			
ડે	:	Trust Fund Co	ontribution.		Added to Fees	Florida	Departr	nent of	State
10.	OFFICERS AND DIF	RECTORS	11.	Δ	DDITIONS/CHANG	ES TO OFFICERS	AND DIDE	OTODO IA	140
TITLE	PD	☐ Delete	TITLE	<u> </u>	DDITIONS/CITANG	ES TO OFFICENS		Croks in	Addition
NAME SERVE ADDRESS	MAUCK, KAREN		NAME				•		
STREET ADDRESS CITY-ST-ZIP	616 NW 22 CT		STREET ADDRESS						ĺ
TITLE	WILTON MANORS FL 33311 DS		CITY-ST-ZIP						
NAME	MURRAY, ANNE	☐ Delete	TITLE NAME	1			[	Change	Addition
STREET ADDRESS	608 SW 7TH AVENUE		STREET ADDRESS	ļ					
CITY-ST-ZIP	FT LAUDERDALE FL 33315		CITY-ST-ZIP	- The second	ا المحلي الرابطية المحلي الرابطية	·			
TITLE NAME	VP	<b>⋈</b> Delete	TITLE	VP		<del>-</del>	[	Change	Addition
STREET ADDRESS	TAYLOR, MOLLY 6420 ROOSEVELT STREET		NAME STREET ADDRESS	LAN	GE, JACK	COURT	•		
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP	PLANT	GE, JACK ALAMANDA TATION, FL	33317			
TITLE	T	☐ Delete	TITLE	-				Change	☐ Addition
NAME	MIDDLEMAN, APRIL C	5000	NAME				L	Change	Addition
STREET ADDRESS	843 HARRISON STREET		STREET ADDRESS						1
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP						
TITLE Name		☐ Delete	TITLE					Change	Addition
STREET ADDRESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	·	☐ Delete	TITLE		··			] Change	☐ Addition
NAME			NAME					n oriends	☐ Auonioii
STREET ADDRESS			STREET ADDRESS						1
CITY-ST-ZIP			CITY-ST-ZIP						

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 APRIL C. MIDDLEMAN,

SIGNATURE:

954-925-8735