


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 027 ****61.25

| | | | | | |
|--|-------------------------------------|--|--|---|--|
| DOCUMENT # N05000000289 1. Entity Name IF MY PEOPLE, INC. | | | |  | |
| Principal Place of Business C/O CATHERINE DARVILLE 2226 GREENE STREET HOLLYWOOD, FL | | | Mailing Address C/O CATHERINE DARVILLE 2226 GREENE STREET HOLLYWOOD, FL | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 770650364 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STITELY, SHARON 2799 N 40TH AVENUE HOLLYWOOD, FL 33021 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 reappointing) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | STD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DARVILLE, CATHERINE | | NAME | | |
| STREET ADDRESS | 2226 GREENE STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARRISH, MELVA | | NAME | | |
| STREET ADDRESS | 9471 EVERGREEN PLACE #107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33324 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STITELY, SHARON | | NAME | | |
| STREET ADDRESS | 2799 N 40 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOODIN, JOHN | | NAME | | |
| STREET ADDRESS | 7517 GARFIELD STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZOTTI, ANTONIO | | NAME | | |
| STREET ADDRESS | 10320 SW 18 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR, FL 33025 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Catherine Darville</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-6-06 Daytime Phone # 9549255085 | | |