

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90067 041 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

20032310



02252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2676943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWATT, MYRON I
PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name MARYBELL CLINE

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

561 TIVOLI TRACE CIR #103

City DEERFIELD BEACH

FL

Zip Code 33442

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

Marybell Cline

Signature, typed or printed name of registered agent and the fee applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/6/05

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLINE, MARYBELL	
STREET ADDRESS	561 TIVOLI TRACE CIRCLE UNIT 103	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MROZINSKI, LINDA	
STREET ADDRESS	522 TIROLI TRACE CIRCLE UNIT 103	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRIPLETT, SCOTT	
STREET ADDRESS	523 TRACE CIR. #107	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANTA, ROBERT	
STREET ADDRESS	545 TRACE CIR. 204	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	DR	<input type="checkbox"/> Delete
NAME	LISA FERRIER	
STREET ADDRESS	677 TRACE CIR. 208	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:

Marybell Cline Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/05

Daytime Phone #

561-218-4111