2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N21928

Entity Name: SUN-SENTINEL CHARITIES, INC.

Current Principal Place of Business:

200 E LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 E LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0003448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARGROVE, JOHN R.
500 E. BROWARD BLVD.
SUITE 1000
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LEVINE, JEFFREY	
Address:	200 EAST LAS OLAS BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	V	( ) Delete
Name:	RIEDEL, MARY	
Address:	200 EAST LAS OLAS BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	T	( ) Delete
Name:	GARRIS, TOM	
Address:	200 EAST LAS OLAS BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	MAUCKER, EARL	
Address:	200 EAST LAS OLAS BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	GREENBERG, HOWARD	
Address:	200 EAST LAS OLAS BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	JONES, MARK	
Address:	200 EAST LAS OLAS BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE SALVITTI D 04/28/2005

Electronic Signature of Signing Officer or Director — Date