

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90091 028 ****70.00

DOCUMENT # N49580

1. Entity Name

PEER CENTER, INC.



Principal Place of Business

4545 NW 9TH AVENUE
FORT LAUDERDALE FL 33309
US

Mailing Address

4545 NW 9TH AVENUE
FORT LAUDERDALE FL 33309
US

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

65-0395121

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN, KIM ESQ.
1000 CORPORATE DR STE 310
FORT LAUDERDALE FL 33334

Delete

Name

Ruth Franzen

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

2225 NW 6 Terrace

City

Ft. Lauderdale

FL

Zip Code

33311

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

Ruth Franzen

3/9/04

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
Due By May 1, 2004**

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 ~~VED~~ **Executive Director** ☐ Delete
NAME O'MARA, ROGER
STREET ADDRESS 2131 NE 42 CR. #210
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE **Vice-Chair** ☐ Change ☒ Addition
NAME DR Ronald Dabarian
STREET ADDRESS Ocean View Retirement House / 909 NE 17 Way
CITY-ST-ZIP Ft Lauderdale FL 33304

TITLE ~~ED~~ **Chairman** ☐ Delete
NAME FRANZEN, RUTH
STREET ADDRESS 2225 NW 6 TERR.
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE **Treasurer** ☐ Change ☒ Addition
NAME Alan Sisisky
STREET ADDRESS 111 Briny Ave Apt 2208
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE **SD** ☒ Delete
NAME MULLIS, TEN
STREET ADDRESS 4181 NW 10 TERR.
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE **Secretary** ☐ Change ☒ Addition
NAME Marilyn Brant
STREET ADDRESS 4111 NE 21 Way Apt 108C
CITY-ST-ZIP Ft. Lauderdale, FL 33064

TITLE **TD** ☒ Delete
NAME LIPPMAN, ESQ., JULIETTE
STREET ADDRESS 200 E. LAS OLAS SUITE 1900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☒ Delete
NAME LANGE, SANDRA DR.
STREET ADDRESS 4181 NW 10 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Roger O'Mara

Executive Director 3/4954-202-7867 204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #