

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90167 047 ****61.25

DOCUMENT # N95000001760		
1. Entity Name AMERICAN BOUGAINVILLEA SOCIETY, INC.		
Principal Place of Business 3812 S.W. 48TH AVENUE PEMBROKE PARK FL 33023		Mailing Address 3812 S.W. 48TH AVENUE PEMBROKE PARK FL 33023

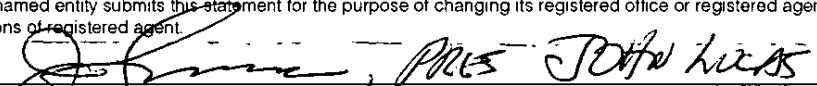


2. Principal Place of Business 4080 ORANGE RIVER		3. Mailing Address 4080 ORANGE RIVER	
Suite, Apt. #, etc. LOOP ROAD		Suite, Apt. #, etc. LOOP ROAD	
City & State FT. MEYERS, FL		City & State FT. MEYERS, FL	
Zip 33905	Country USA	Zip 33905	Country USA

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent LUCAS, JOHN J 3812 S.W. 48TH AVENUE PEMBROKE PARK FL 33023		7. Name and Address of New Registered Agent Name LUCAS, JOHN J. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

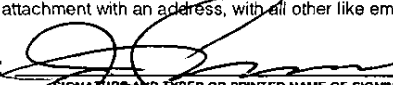
SIGNATURE  DATE **4/22/05**

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, KEVIN 8200 NW 16TH STREET PEMBROKE PINES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, JOHN J 3812 SW 48TH AVE. PEMBROKE PARK FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASSELL, ERROL G 3445 NW 205TH STREET CAROL CITY FL 33056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **JOHN LUCAS** **4/22/05** **954-812 4838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #