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	Mailing Address
3812 S.W. 48TH AVENUE PEMBROKE PARK FL 33023	3812 S.W. 48TH AVENUE PEMBROKE PARK FL 33023

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
4080 ORANGE RIVER	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

4. FEI Number 65-0195183 ☐ Applied For ☐ Not Applicable

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

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

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 JOHN LUCAS 4/22/05
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, 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			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 #