

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90044 045 ****61.25

DOCUMENT # N95000002744

1. Entity Name

STARTING OVER, INC.



Principal Place of Business

**505 NW 1ST AVE
FORT LAUDERDALE FL 33309
US**

Mailing Address

**6600 SW 18TH ST
MIRAMAR FL 33023
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

65-0599099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAIN, SUSAN
6600 SW 18 ST.
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

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

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

TITLE **VD** ☐ Delete
NAME **VOLPI, JOCELYN**
STREET ADDRESS **301 S.W. 77 PLACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PSD** ☐ Delete
NAME **BAIN, SUSAN**
STREET ADDRESS **6600 SW 18TH STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ Delete
NAME **BURTON, ELLEN**
STREET ADDRESS **4310 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33028**

TITLE **D** ☐ Delete
NAME **BROWN, NOEL**
STREET ADDRESS **2323 NE 33RD STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **FLAVIN, JIM FATHER**
STREET ADDRESS **16000 SW 112 AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **BRANDON, CHARLES**
STREET ADDRESS **1881 NE 26TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **CY GEORGALIS**
STREET ADDRESS **1000 Wellington Island Blvd**
CITY-ST-ZIP **Wellington Island, FL 33160**

TITLE **D** ☐ Change ☒ Addition
NAME **TAMARA VOLTAIRE**
STREET ADDRESS **20451 NW 2nd Ave**
CITY-ST-ZIP **Miami, FL 33169**

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

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

TITLE ☐ Change ☐ Addition
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:

Susan Bain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-04
Date

954 523-6222
Daytime Phone #