

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 30, 2001 8:00 am
Secretary of State

04-27-2001 90332 043 ****70.00

DOCUMENT # N97000002655

1. Entity Name

AJC EVERLASTING LIGHT FOUNDATION, INC.

Principal Place of Business

1501 SW 52ND TERRACE
 PLANTATION FL 33317

Mailing Address

1501 SW 52ND TERRACE
 PLANTATION FL 33317

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

65-0745178

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

WALSH, ROBERT DR.
1501 SW 52ND TERR.
PLANTATION FL 33317

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.

SIGNATURE

[Handwritten Signature]

4-27-01

Signature of the current name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, ROBERT DR.	
STREET ADDRESS	1501 SW 52ND TERRACE	PRESIDENT
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, MARGARET	
STREET ADDRESS	111 NE 48TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARONCELLI CAMMACK, DENETTE	
STREET ADDRESS	2016 NE 21ST STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRNDT, EVA	
STREET ADDRESS	1465 SW 38TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUSSBAUM, ELLEN	VICE
STREET ADDRESS	1464 NW 97TH STREET	PRESIDENT
CITY-ST-ZIP	FORT LAUDERDALE FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOLLETT, STEVEN	
STREET ADDRESS	14 SE 9TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOKUCHITZ, PETER	
STREET ADDRESS	741 SW 12TH AVENUE	SECRETARY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIGNAS, THOMAS	
STREET ADDRESS	681 NE 34 STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, BLAKEY	
STREET ADDRESS	3121 SW 22 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Reeves	
STREET ADDRESS	5260 SW 15th PL	TREASURER.
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4-22-01** **954-528-2225**

CR2E037 (10/00)