

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 027 ****61.25

DOCUMENT # 713840

1. Entity Name

THE FOREVER APRIL ASSOCIATION INC.



Principal Place of Business

1333 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009

Mailing Address

1333 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOMIKOS, CHRIS
1333 E HALLANDALE BCH BLVD
411
HALLANDALE FL 33009

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

Chris Nomikos

1-29-4

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 SD
NAME KENYON, ALICE ☐ Delete
STREET ADDRESS 1333 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE P
NAME NOMIKOS, CHRIS ☐ Delete
STREET ADDRESS 1333 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE T
NAME CASCIONE, JACQUILINE ☒ Delete
STREET ADDRESS 1333 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME PARETTI, ANN ☐ Delete
STREET ADDRESS 1333 E. HALLANDALE BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D
NAME SPINELLI, RALPH ☐ Delete
STREET ADDRESS 1333 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Chris Nomikos

CHRIS NOMIKOS

1-29-4

954 454-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #