

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90069 036 \*\*\*\*70.00

<b>DOCUMENT # 716257</b>					
<b>1. Entity Name</b> 1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, GRANDE VOITURE OF FLORIDA					
<b>Principal Place of Business</b> HUIT CHEVAUX GRAND VOITURE OF FLORIDA 316 S W 25TH STREET FORT LAUDERDALE, FL 33315			<b>Mailing Address</b> 1540 N 71 AVE HOLLYWOOD, FL 33024 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<div style="display: flex; justify-content: space-between;"> <span><b>4. FEI Number</b> 59-6151483</span> <span>Applied For Not Applicable</span> </div>					
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  ARCHER, SAM 1540 N 71 AVE HOLLYWOOD, FL 33024			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b> <i>Samuel E Archer</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>Samuel E Archer</i>  <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 30%;">         4/11/05  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ESTNER, ROBERT 253 FARNHAM BLDG K DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SCHICHTL, HERBERT A 1600 N 71 AVE HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICHTL, HERBERT A 1600 N 71 AVE HOLLYWOOD, FL 33024
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD ARCHER, SAM 1540 N 71ST AVE HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DOCYK, EDWARD 2134 NOVA VILLAGE DR DAVIE, FL 33317	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, RICHARD 1380 NW 43RD TERR A-301 LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD SHAW 1380 NW 43RD TERR Apt 301 LAUDERHILL FL 33313
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE:</b> <i>Samuel E Archer</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%;"> <i>Samuel E Archer</i>  <small>Date</small> </div> <div style="width: 30%;">         4/11/05  <small>Daytime Phone #</small> </div> </div>					