

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90302 030 \*\*\*\*61.25

20038671



03302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0155329

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

## 6. Name and Address of Current Registered Agent

KATMAN & KORR, P.A.  
5581 W. OAKLAND PARK BLVD.  
2ND FLOOR  
LAUDERHILL, FL 33313

## 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

**Filing 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	<input type="checkbox"/> Delete
PD	PITTS, DIANA	1145 SAWGRASS CORP. PKWY.	SUNRISE, FL 33323	<input type="checkbox"/>
D	EGAN, ANGELA	1145 SAWGRASS CORP. PKWY.	SUNRISE, FL 33323	<input checked="" type="checkbox"/>
VPD	SANCHEZ, JOHN	1145 SAWGRASS CORP. PKWY.	SUNRISE, FL 33323	<input type="checkbox"/>
TD	KOKOKNAS, CONSTANTINE	1145 SAWGRASS CORP. PKWY.	SUNRISE, FL 33323	<input checked="" type="checkbox"/>
S	WITOWICH, RAYMOND S	12702 N.W. 13 STREET	SUNRISE, FL 33323	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	EGAN ANGELA	1145 SAWGRASS CORP. PKWY	SUNRISE FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	BYERS MARK	1145 SAWGRASS CORP. PKWY.	SUNRISE FL. 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	WITOWICH RAYMOND	1145 SAWGRASS CORP. PKWY	SUNRISE FL. 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Diana M. Pitts*

Diana Pitts

4/15/05 954-846-7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #