

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 035 ****61.25

DOCUMENT # 767027 1. Entity Name INVENTORS SOCIETY OF SOUTH FLORIDA, INC.					
Principal Place of Business 3220 SW 15 STREET DEERFIELD BEACH, FL 33442 US				Mailing Address PO BOX 244306 BOYNTON BEACH, FL 33424-4306 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 59-2447428	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUM, ALVIN 2350 DEL MAR PLACE FORT LAUDERDALE, FL 33301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P LEVY, ROBERT L 745 NE 138 STREET NORTH MIAMI, FL 33161	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULTON, JOHN JR 7751 NE BAYSHORE CT 2-C MIAMI, FL 33138	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAREMBA, JOANNA A 5605 NW 49TH AVE TAMARAC, FL 33319	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUGHLIN, RICHARD 1100 THERESA ST. STUART, FL 34996	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILKEN, HOWARD 5600 FOREST OAKS TERR DELRAY BEACH, FL 33484	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTERSEN, LUCY 3349 E LINDA DR JENSEN BEACH, FL 349573946	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - BLUM, ALVIN 2350 DEL MAR PLACE FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - LOUGHLIN, RICHARD 1100 THERESA STREET STUART, FL 34996	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - SILKEN, HOWARD 5600 FOREST OAKS TERRACE DEL RAY BEACH, FL 33484	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Loughlin</i> 2/4/6 - 772-287-2224 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					