

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 040 ****61.25

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04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0155329

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

KATMAN & KERR, P.A.
5581 W. OAK AND PARK BLVD.
2ND FLOOR
LAUDERHILL FL 33313

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PITTS, DIANA
STREET ADDRESS	145 SAWGRASS CORP. PKWY.
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	S
NAME	SAN, ANGELA
STREET ADDRESS	145 SAWGRASS CORP. PKWY.
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	V
NAME	VANCEZ, JOHN
STREET ADDRESS	145 SAWGRASS CORP. PKWY.
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	F
NAME	FYERS, MARK
STREET ADDRESS	145 SAWGRASS CORP. PKWY.
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	R
NAME	RITOWICH, RAYMOND S
STREET ADDRESS	145 SAWGRASS CORP PKWY
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana M. Pitts* **DIANA M. PITTS - President** **4-20-06** **(954) 8392681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #