


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90030 019 \*\*\*\*70.00

<b>DOCUMENT #716257</b> 1. Entity Name 1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, GRANDE VOITURE OF FLORIDA					
Principal Place of Business HUIT CHEVAUX GRAND VOITURE OF FLORIDA 316 S W 25TH STREET FORT LAUDERDALE, FL 33315				Mailing Address <del>1540 N 71 AVE</del> <del>HOLLYWOOD, FL 33024</del> US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 316 SW 25th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ft. Lauderdale, FL		4. FEI Number 59-6151483	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 33315		Country Broward		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ARCHER, SAM 1540 N 71 AVE HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name <u>William E McIntyre</u> Street Address (P.O. Box Number is Not Acceptable) <u>6800 NW 39th Ave #362</u> <u>COCONUT CREEK</u> <u>FL</u> City <u>FL</u> Zip Code <u>33073</u>	
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 <u>William E McIntyre</u> DATE <u>3/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTIS, DAVID 608 E 2ND ST #344 DANIA, FL 33004 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICHTL, HERBERT 1600 N 71 AVE HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCHER, SAM 1540 N. 71ST AVE HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTYRE, WILLIAM 6800 N.W. 39TH AVE., LOT 362 COCONUT CREEK, FL 34431 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRESIDENT) Diche F DE GARCE MCINTYRE WILLIAM 6800 NW 39TH AVE LOT 362 COCONUT CREEK FL 34431 33073 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Correspondent ED MILLER 111 ROYAL PARK DR. #111 OAKLAND PARK, FL 33099 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William E McIntyre</u> <u>William E McIntyre</u> <u>3/19/07</u> <u>7544212584</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					