

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N04403

1. Entity Name
**THE FRIENDS OF THE HEPBURN CENTER
INCORPORATED**



Principal Place of Business
**750 N.W. 8TH AVE.
HALLANDALE BEACH, FL 33009 US**

Mailing Address
**ARMIN LOENVIRTH
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2710007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOENVIRTH, ARMIN
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

**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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LOENVIRTH, ARMIN
STREET ADDRESS	1995 EAST HALLANDALE BEACH BLVD.
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	DS
NAME	PENTACOST, JACQUELINE
STREET ADDRESS	2001 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	D
NAME	SANDMAN, MICHAEL
STREET ADDRESS	1425 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	D
NAME	WASHINGTON, MARY
STREET ADDRESS	700 NW 5TH COURT
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	M
NAME	LADOLCETTA, PATRICIA
STREET ADDRESS	400 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80085-005 61.25

**DO NOT WRITE
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armin S. Loenvirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2008 954-455-1167
Date Daytime Phone #