

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710687

Entity Name: SLAC OF FLORIDA, INC.**Current Principal Place of Business:**16322 NW 15TH ST
PEMBROKE PINES, FL 33028**Current Mailing Address:**P.O. BOX 821844
PEMBROKE PINES, FL 33082 US**FEI Number:** 59-1889837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALOOF, ALBERT A
16322 NW 15TH ST
PEMBROKE PINES, FL 33028 US*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.***SIGNATURE:** ALBERT A MALOOF

01/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MALOOF, ALBERT A
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title T
Name GAZIL, RAY
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title S
Name HAWKINS, THERESA
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title V.P
Name HOLLIDAY, DAVID
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title TRUSTEE
Name HAWKINS, THERESA
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title TRUSTEE
Name MALOOF, PAULINE
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

Title TRUSTEE
Name JOHARY, SONIA
Address P.O. BOX 821844
City-State-Zip: PEMBROKE PINES FL 33082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT A. MALOOF**PRESIDENT**

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date