

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04403

Entity Name: THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

Current Principal Place of Business:

750 N.W. 8TH AVE.
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PATRICIA LADOLCETTA
12000 NW 20TH STREET
PEMBROKE PINES, FL 33026 US

FEI Number: 59-2710007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVENVIRTH, ARMIN
2070 HOMEWOOD BLVD.
#5-317
DELRAY BEACH, FL 33445 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name LOVENVIRTH, ARMIN
Address 2070 HOMEWOOD BOULEVARD
#5-317
City-State-Zip: DELRAY BEACH FL 33445

Title DS
Name PENTACOST, JACQUELINE
Address 2001 ATLANTIC SHORES BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name RUSSELL, KIMBERLY
Address C/O 750 N.W. 8TH AVE.
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name ALONI, MARJORIE
Address C/O 750 N.W. 8TH AVE.
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name LADOLCETTA, PATRICIA
Address 400 SOUTH FEDERAL HIGHWAY
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name SANTIAGO, MARILYN
Address C/O 750 N.W. 8TH AVE.
City-State-Zip: HALLANDALE BEACH FL 33009

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: PATRICIA LADOLCETTA

MEMBER

03/18/2013

Electronic Signature of Signing Officer/Director Detail

Date