

2014 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:**LOENVIRTH, 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	LOENVIRTH, ARMIN
Address	2070 HOMEWOOD BOULEVARD #5-317
City-State-Zip:	DELRAY BEACH FL 33445

Title	M
Name	RUSSELL, KIMBERLY
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	DS
Name	PENTACOST, JACQUELINE
Address	2001 ATLANTIC SHORES BLVD
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	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**TREASURER****03/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date