

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009781

**Entity Name:** ACE MENTOR PROGRAM OF GREATER FORT LAUDERDALE, INC.**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2462675258CC****Current Principal Place of Business:**3730 COCONUT CREEK PARWAY  
200  
COCONUT CREEK, FL 33066**Current Mailing Address:**3730 COCONUT CREEK PARKWAY  
200  
COCONUT CREEK, FL 33066**FEI Number: 82-3055051****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZ, JACOB  
3730 COCONUT CREEK PARKWAY  
200  
COCONUT CREEK, FL 33066 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: JACOB KATZ****04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name KATZ, JACOB  
Address 3730 COCONUT CREEK PARKWAY  
200  
City-State-Zip: COCONUT CREEK FL 33066

Title VC  
Name THOMPSON, MATTHEW  
Address 3730 COCONUT CREEK PARKWAY,  
SUITE 200  
City-State-Zip: COCONUT CRREK FL 33066

Title SECRETARY  
Name DAVIS, BRUCE  
Address 3730 COCONUT CREEK PARKWAY  
200  
City-State-Zip: COCONUT CREEK FL 33066

Title TREASURER  
Name HO, KAR  
Address 3730 COCONUT CREEK PARKWAY  
200  
City-State-Zip: COCONUT CREEK FL 33066

Title COMPLIANCE  
Name SCHROEDER, ANDREW  
Address 3730 COCONUT CREEK PARKWAY  
200  
City-State-Zip: COCONUT CREEK FL 33066

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: JACOB KATZ****CHAIRMAN****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date