

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 116835

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: MATHER OF FORT LAUDERDALE, INC.

## Current Principal Place of Business:

2611 N ST RD 7  
LAUDERHILL, FL 33313 US

## New Principal Place of Business:

## Current Mailing Address:

2000 NW 13TH ST  
CRYSTAL RIVER, FL 34428 US

## New Mailing Address:

FEI Number: 59-0359395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWER, NORMAN PDST  
2000 NW 13TH STREET  
CRYSTAL RIVER, FL 34428 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VDST ( ) Delete  
Name: JONES, MARCIA E VDST  
Address: 205 WILDFLOWER CT.  
City-St-Zip: HUNTSVILLE, AL 35811 US

Title: VSD ( ) Delete  
Name: BROWER, NORMAN A VD  
Address: 2105 FOSGATE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: V ( ) Delete  
Name: ERICKSON, SHANE V  
Address: 11901 N.W. 18TH CT.  
City-St-Zip: PLANTATION, FL 33323 US

Title: PDST ( ) Delete  
Name: BROWER, NORMAN - PDST  
Address: 2000 NW 13TH STREET  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: VD ( ) Delete  
Name: BROWER, CARL L VD  
Address: 718 BROOKS COURT  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN BROWER

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date