

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 035 ****61.25

DOCUMENT # 702295

1. Entity Name
609 BAYSHORE DRIVE INC



Principal Place of Business
**609 BAYSHORE DRIVE
FT LAUDERDALE, FL 33304**

Mailing Address
**609 BAYSHORE DRIVE
FT LAUDERDALE, FL 33304**

40017262



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6069612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUPP, WILLIAM R.
1702 CORDOVA RD #2
FT. LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RUPP, WILLIAM R.
STREET ADDRESS	2301 SE 19TH PL.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	SOERSEN, MILDRED
STREET ADDRESS	609 BAYSHORE DR #1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	PD
NAME	Robert E. Dye
STREET ADDRESS	609 Bayshore Drive #7
CITY-ST-ZIP	FT. Lauderdale, FL 33304
TITLE	VPD
NAME	WALTER OLSON
STREET ADDRESS	609 Bayshore Drive #5
CITY-ST-ZIP	FT. Lauderdale, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #