

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90270 049 \*\*\*\*61.25

40004900



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-0738604** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SCHERER, DR. HOWARD  
6140 BLUEGRASS DRIVE  
BOYNTON BEACH, FL 33437

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE S  
NAME DOROTHY, SCHERER  
STREET ADDRESS 6140 BLUE GRASS DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D  
NAME PARKE, JOHN  
STREET ADDRESS 2102 N.W. FIRST AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D  
NAME GAVLIER, STANLEY  
STREET ADDRESS 2144 SW 36 TERR  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE P  
NAME KLEMM, DONNA  
STREET ADDRESS 10805 FILMORE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T  
NAME SCHERER, HOWARD  
STREET ADDRESS 6140 BLUEGRASS DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

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 exemptions contained 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 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:**

*Howard Scherer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD SCHERER

Date

1/12/06 5617354538  
Daytime Phone #