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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT: | # <b>7</b> 0 | 31 | 07 |
|-----------|--------------|----|----|

1. Corporation Name

| Principal Place of Business  |              |
|--|--------------|
| % BRIAN LEARY<br>901 SOUTH FEDERAL HWY., 4<br>FT LAUDERDALE EL 33316 | <b>#30</b> 0 |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

LEARY, BRIAN

SIGNATURE

FT. LAUDERDALE FL 33316

21

22

23

24

Zip

## FILED Feb 23, 1999 8:00 am § Secretary of State

| AININO  | THIOAL ILLI OIT I Secretary or State |                           |                          |                  |                       | 02-23-1999 90022 021 ****61.25 |           |  |                   |                          |                               |
|---|--------------------------------------|---------------------------|--------------------------|------------------|-----------------------|--------------------------------|-----------|--|-------------------|--------------------------|-------------------------------|
| •   | 1999 DIVISION OF CORPORATIONS        |                           |                          |                  |                       |                                |           |  |                   |                          |                               |
| OCUI  | MENT # 70                            | 3107                      | <del>.</del>             |                  |                       |                                |           |  |                   |                          |                               |
| Corporation   |                                      | 0.0.                      |                          |                  |                       |                                |           |  |                   |                          |                               |
| ORAL F  | RIDGE ASSOCIAT                       | ION INC                   |                          |                  |                       |                                |           | • · · · · · · · · · · · · · · · · · · ·  | <u>-</u> <u>-</u> |                          |                               |
|   |                                      |                           |                          |                  |                       |                                |           | 100  | 0063 - 900        | 22 21                    |                               |
| cipal Place   | of Business                          | <u></u>                   | Mailing Address          |                  |                       |                                | $\dashv$  |  |                   |                          |                               |
| RIAN LEAR   | PY .                                 |                           | % BRIAN LEARY            |                  |                       |                                |           | 1 100161 19061 <b>30</b> 160 11101 11 <b>9</b> 11 <b>1</b>   |                   | ( 1601, 1611), GERN 1611 | 1 <b>610</b> 11 16 <b>0</b> 1 |
| SOUTH FEDERAL HWY #300 901 SOUTH FEDERAL HWY LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 |                                      |                           |                          |                  |                       |                                |           |  |                   |                          |                               |
|   | <del></del>                          |                           | O- 14-17- 4 datum        |                  |                       |                                |           | 3. Date incorporated or Qualife  | ud.               |                          | <del></del>                   |
| rincipal Pl   | ace of Business                      | -                         | 2a. Mailing Address      |                  |                       |                                |           | 11/02/1961   |                   |                          |                               |
| Suite, Apt.   | # etc.                               |                           | 26 Suite, Apt. #, etc.   |                  |                       |                                | - +       | 4. FEI Number  | . :               | App                      | lied For                      |
| , , , , , , , , , , , , , , , , , , ,   | .,                                   |                           | 27                       |                  |                       |                                |           | <b>59-61532<u>14</u></b>   |                   | Not                      | Applicable                    |
| City & State  | е                                    |                           | City & State             |                  |                       |                                |           | 5. Certifcate of Status Desired  | . 🗆               | <b>\$8.75</b> A          | L                             |
| Zip   | Countr                               |                           | <b>28</b>   Zip          | Cou              | ntrv                  |                                |           | 6. Election Campaign Financin  | <u> </u>          | \$5.00                   | ·                             |
| -ib   | 25                                   | ·                         | 29                       | 30               | ,                     |                                |           | Trust Fund Contribution  | в 🗆               | Added to                 | •                             |
|   | 9. Name and Addre                    |                           |                          | .1001            |                       |                                | · · · ·   | 10. Name and Address of Nev  | v Register        | ed Agent                 |                               |
|   |                                      |                           |                          |                  | 81                    | Name                           |           |  |                   |                          |                               |
| EARY, B   |                                      |                           |                          |                  | 82                    | Street A                       | ddress    | (P.O. Box Number is Not Acce   | ptable)           |                          |                               |
|   | H FEDEAL HWY., #                     | 300                       |                          |                  | 83                    |                                |           |  |                   |                          |                               |
| T. LAUDE  | erdale fl 33316                      |                           |                          |                  |                       |                                |           |  |                   |                          |                               |
|   |                                      |                           |                          |                  | 84                    | City                           |           |  | F                 | <b>- L</b>  85   Zip C   | ode                           |
| Durewant  | to the provisions of Sec             | tions 617 0502 at         | nd 617 1508 Florida Si   | tatutes, the al  | ove-                  | -named c                       | огрога    | tion submits this statement for t  |                   |                          | registered                    |
| office or re  | egistered agent, or both             | , in the State of F       | lorida, Such change w    | as authorized    | by t                  | he corpo                       | ration's  | ation submits this statement for the board of directors. I hereby according to the control of th | cept the ar       | pointment as reg         | jistered                      |
| -   | m familiar with, and acc             | ept the obligation        | s or, Section 617.0505   | , riolida Statt  | nes.                  |                                |           |  |                   |                          | ,                             |
| NATURE  | Signature, typed or printed name     | e of registered agent and | d title if applicable. ( | NOTE: Registered | Àgent                 | signature re                   | quired wh | nen reinstating)   | DATE              |                          |                               |
|   |                                      | FFICERS AND D             |                          | 13.              |                       |                                |           | ADDITIONS/CHANGES TO   | OFFICERS          |                          |                               |
|   | PD .                                 |                           | ☐ DELET                  | £ 1.1 TN         | LE                    |                                |           |  |                   | Change                   | Addition                      |
|   | LEARY, BRIAN                         |                           |                          | 1.2 NA           | 1.2 NAME              |                                |           |  | •                 |                          |                               |
| ET ADDRESS  | 901 S. FED HWY #                     | £300                      |                          | 1.3 \$7          | REET                  | ADORESS                        |           |  |                   |                          |                               |
| ST-ZIP  | FT LAUDERDALE F                      | L                         |                          |                  | Y-\$T-                | -ZIP                           |           | · /  | ··                | Change                   | Addition                      |
|   | VP/D                                 |                           | DELET                    | Ε 2.1 π          | ΣE                    |                                | V         | '/P  |                   | Change                   | Addidon                       |
| 1   | MACKE, DOUGLAS                       |                           |                          | 2.2 N            |                       |                                | W         | ASSET HALL   | # 300             |                          |                               |
| ET ADORESS  |                                      |                           |                          | I.               |                       | ADDRESS                        | YO        |  |                   | _                        |                               |
| ST-ZIP  | FT. LAUDERDALE I                     | <u>-L</u>                 |                          |                  | 2.4 CITY-ST-ZIP       |                                | <u> </u>  | t Lauderdale   | <del>/ -</del>    | Change                   | ☐ Addition                    |
|   | S/D                                  |                           | ☐ DELET                  |                  |                       |                                |           |  |                   | . Crando                 | 7.000.00                      |
| :   | HOUSE, JOSIE                         |                           |                          | 3.2 NA           |                       |                                |           |  |                   |                          | j                             |
| ET ADDRESS  | 901 SOUTH FEDER                      |                           |                          | i i              |                       | ADDRESS                        |           |  |                   |                          |                               |
| ST-ZIP  | FT LAUDERDALE F                      | Ļ                         | DELET                    |                  | 3.4. CITY-ST-ZIP      |                                | D         |  |                   | Change                   | Addition                      |
| _   | D<br>MACCEV AL                       |                           | Se DELEI                 |                  | 4.1 IIILE<br>4.2 NAME |                                | m         | cke Dovalas  |                   |                          |                               |
|   | MASSEY, AL                           | MV #200                   |                          |                  |                       | ADDRESS                        | 9 1       | cke, Douglas<br>of So, Fed Hu<br>- Lauderdale  | y # 5             | 90                       |                               |
| ET ADDRESS  | 901 S FEDERAL H                      |                           |                          |                  | ree i                 |                                |           | - Louderdale   | 'PL               |                          | i                             |
| -ST-ZIP   | FT. LAUDEROALE I                     | L 33310                   | ☐ DELET                  |                  |                       | - car                          |           | CHA AND MALE   | ,                 | ☐ Change                 | Addition                      |
| :<br>E  | D D                                  | n                         |                          | 5.2 N/           |                       | į                              |           |  |                   | -                        |                               |
| E<br>EET ADDRESS  | SULLIVAN, EDWAR<br>901 S. FED HWY.   |                           |                          |                  |                       | ADDRESS                        |           |  |                   |                          | .                             |
|   | ET I ALIDEDOALE E                    |                           |                          | 5.4 CI           | TY-ST                 | -ZIP                           |           |  |                   |                          | .                             |

13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE mÆ 1.2 NAME LEARY, BRIAN NAME 1.3 STREET ADDRESS 901 S. FED HWY #300 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE VP/D MACKE, DOUGLAS 22 NAME NAME 901. 901 S. FED. HWY #300 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE 3.2 NAME HOUSE, JOSIE NAME 3.3 STREET ADDRESS 901 SOUTH FEDERAL HWY #300 STREET ADDRESS 3.4. CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP DELETE 4.1 TITLE TITLE Mac 4.2 NAME MASSEY, AL NAME 901 4.3 STREET ADDRESS STREET ADDRESS 901 S FEDERAL HWY #300 FT. LAUDERDALE FL 33316 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME SULLIVAN, EDWARD 5.3 STREET ADDRESS STREET ADDRESS 901 S. FED HWY. #300 5.4 CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME SEARLES, RICHARD K 6.3 STREET ADDRESS STREET ADDRESS 901 S. FED. HWY. #300 6.4 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.