

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1086555** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINENNA, MICHAEL
2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MINENNA, MICHAEL | |
| STREET ADDRESS | 2059 SW 17TH PLACE | |
| CITY - ST - ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KOLESKY, EILEEN | |
| STREET ADDRESS | 1407 NE 28TH COURT | |
| CITY - ST - ZIP | POMPANO BEACH FL 33064 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LAMB, CATHERINE | |
| STREET ADDRESS | 770 SE 2ND AVE E107 | |
| CITY - ST - ZIP | DEERFIELD FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MAZZUCA, LEONA | |
| STREET ADDRESS | 4304 NW 9TH AVE #8 | |
| CITY - ST - ZIP | POMPANO BEACH FL 33064 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROKAW, MARGARET | |
| STREET ADDRESS | 1365 S CYPRESS RD | |
| CITY - ST - ZIP | POMPANO BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Minenna* *Michael Minenna* *Michael Minenna*