

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90045 031 \*\*\*\*61.25

40055122



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1312246

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WHITTLE, CYNTHIA G  
C/O INTEGRITY PRO MANG  
953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

## 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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 TD ☐ Delete  
NAME ZEMPOL, BRONI  
STREET ADDRESS 1620 N OCEAN BLVD #508  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE P ☐ Delete  
NAME LANGENDERFER, RUSSELL  
STREET ADDRESS 1620 N OCEAN BLVD, #510  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE SD ☐ Delete  
NAME HANSEN, ELAINE  
STREET ADDRESS 1620 N OCEAN BLVD #507  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VD ☐ Delete  
NAME CATALANO, ROMOLLLO  
STREET ADDRESS 1620 N OCEAN BLVD #608  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D ☐ Delete  
NAME STEVENS, NOEL  
STREET ADDRESS 1620 N OCEAN BLVD #315  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Russell E. Langenderfer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08  
Date

346-0677  
Daytime Phone #