


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90041 038 \*\*\*\*\*61.25

<b>DOCUMENT # 715786</b> 1. Entity Name <b>EVERETT ARMS NO. 6 ASSOCIATION, INC.</b>					
Principal Place of Business <b>3550 NW 8 AVE BLDG 6 POMPANO BEACH, FL 33064</b>			Mailing Address <b>3550 NW 8 AVE BLDG 6 POMPANO BEACH, FL 33064</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2344172</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GUIMARD, LAVONNA 3550 NW 8 AVE #607 POMPANO BEACH, FL 33064</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <i>Lavonna Guimard</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3-22-05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GUIMARD, LAVONNA</b> <b>3550 NW 8 AVE</b> <b>POMPANO BEACH, FL 33064</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rocco Testani</b> <b>1303 Chenango St.</b> <b>Binghamton, NY 13901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BREWER, EUGENE</b> <b>415 MIDWAY ROAD</b> <b>ALUM CREEK, WV 25003</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Loni Bliznik</b> <b>14 Evans St.</b> <b>Binghamton, NY 13903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHITE, KRISTINE</b> <b>456 SECOND STREET</b> <b>TROY, NY 12180</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUIMARD, LAVONNA</b> <b>3550 NW 8TH AVE #607</b> <b>POMPANO BEACH, FL 33064</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, JOANNE</b> <b>3520 CONSTANCE DR</b> <b>ROCKFORD, IL 61108</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSON, SHIRLEY</b> <b>3550 NW 8 AVE</b> <b>POMPANO BEACH, FL 33064</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Lavonna Guimard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-22-05</b> Daytime Phone # <b>954-295-7506</b>	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #