

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90022 036 \*\*\*\*61.25

**DOCUMENT #719009**

1. Entity Name

**GREATER MIAMI SHELL CLUB, INC.**



Principal Place of Business

**1955 IXORA ROAD  
NORTH MIAMI FL 33181**

Mailing Address

**440 SE 6 TERR  
POMPANO BEACH FL 33061  
US**

2. Principal Place of Business

**SAME**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7128367**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, MARGIE  
440 SE 6 TERR  
POMPANO BEACH FL 33061**

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, 2004**

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 **P** ☐ Delete  
NAME **BRUNNER, AR**  
STREET ADDRESS **160 NW 126TH ST**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **V** ☐ Delete  
NAME **STANLEY PHILLIPS**  
STREET ADDRESS **1955 IXORA RD**  
CITY-ST-ZIP **N. MIAMI FL**

TITLE **T** ☐ Delete  
NAME **PHILLIPS, MARGIE**  
STREET ADDRESS **440 S.E. 6 TERR.**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **T** ☐ Delete  
NAME **BRUNNER, CAROL**  
STREET ADDRESS **160 NW 126 ST**  
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **D** ☐ Delete  
NAME **PHILLIPS, BARBARA**  
STREET ADDRESS **1955 IXORA RD**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **D** ☐ Delete  
NAME **MUCHA, FAY**  
STREET ADDRESS **3621 SW 126 AVE**  
CITY-ST-ZIP **MIAMI FL 33175**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **BRUNNER, CAROL**  
STREET ADDRESS **160 N.W. 126 ST**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: Margie Phillips MARGIE PHILLIPS MARCH 1, 2004 954-783-1782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #