

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90052 036 ****61.25

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01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1798495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCHIE, HELEN
6211 S.W. 37TH ST.
#204
DAVIE, FL 33314

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RITCHIE, HELEN
STREET ADDRESS 6211 SW 37 ST #204
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

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

TITLE SD
NAME NOTARINO, ANN
STREET ADDRESS 6211 S.W. 37TH ST, #201
CITY-ST-ZIP DAVIE, FL 33314 ☒ Delete

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

TITLE VD
NAME DAVIS, PIA
STREET ADDRESS 6211 SW 37 ST #201
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

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

TITLE TRES.
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Alternate
NAME Cynthia Lozada
STREET ADDRESS 6211 SW 37 ST #111
CITY-ST-ZIP DAVIE FL 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer
NAME Chiaraella Laura
STREET ADDRESS 6211 SW 37 ST #112
CITY-ST-ZIP DAVIE FL 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Helen Ritchie

Helen Ritchie

Date

02-14-07 954.370.3725

Daytime Phone #