

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90066 009 ****61.25

40090706



03152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1488563

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

LARRISON, WILLIAM
1417 SE 4TH STREET
FT LAUDERDALE, FL 33304

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, 2005

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	D	<input type="checkbox"/> Delete
NAME	GARDNER, RUSSEL	
STREET ADDRESS	2412 NW 14TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONNER, GEORGE	
STREET ADDRESS	4264 HYACINTH CIRCLE SO	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARRISON, WILLIAM	
STREET ADDRESS	2260 QUAIL RIDGE NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAUN, TWYLAH	
STREET ADDRESS	451 HERITAGE DRIVE #914	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGAN, STUART REV.	
STREET ADDRESS	401 S.E. 15TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	C	<input type="checkbox"/> Delete
NAME	JENKINS, NORMA	
STREET ADDRESS	3050 NE 47TH COURT #206	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER PRITCHARD	
STREET ADDRESS	5240 RTON AVENUE #301	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER STUART	
STREET ADDRESS	P.O. BOX 1503	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES POPPELL	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND MOLINET	
STREET ADDRESS	12 NE 12 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Larrison William LARRISON 3/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1954143-7273