


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 048 ****61.25

DOCUMENT # 729305
1. Entity Name
TAMARAC PRESIDENTS COUNCIL, INC.




Principal Place of Business Mailing Address
5410 BANYAN LANE 5410 BANYAN LANE
TAMARAC FL 33319 TAMARAC FL 33319

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2100815** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PLATZ, LEO
5410 BANYAN LANE
TAMARAC FL 33319

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 *Leo Platz* *Treasurer* **4/20/05**
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, 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	SOHN, LOU	
STREET ADDRESS	7110 NW 74TH PLACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COGHLAN, WALTER	
STREET ADDRESS	4806 NW 49TH CT.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLATZ, LEO	
STREET ADDRESS	5410 BANYAN LANE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JULIA REULAND	
STREET ADDRESS	4440 NW 26 TERRACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURPHY, DOROTHY	
STREET ADDRESS	5008 NOTH WEST 50TH COURT	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Margolis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4204 Queen Palm Lane	
CITY-ST-ZIP	Tamarac Florida 33319	
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: *Leo Platz* **Leo Platz** **4/20/05** **954-485-4975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #