
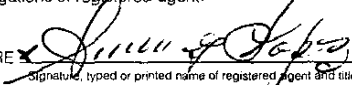
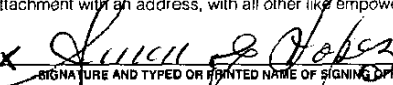


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90036 039 ****61.25

DOCUMENT # 737245 1. Entity Name THE TENANT COUNCIL OF THE SOUTHRIDGE PROJECT OF WEST PALM BEACH, INC.					
Principal Place of Business 3801 GEORGIA AVE. WEST PALM BEACH, FL 33405			Mailing Address 1715 DIVISION AVE WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6001290	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITFIELD, EMANUEL 3932 LAKE AVE, #2 WEST PALM BEACH, FL 33405			Name Lopez, Senen Street Address (P.O. Box Number is Not Acceptable) 3769 Georgia Ave. #4 City West Palm FL Zip Code 33405		
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 			Senen Lopez, President		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHITFIELD, EMANUEL 3932 LAKE AVE #2 WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Senen Lopez 3769 Georgia Ave. #4 WPB, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, SENEN 3769 GEORGIA AVE, #4 W PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Antonio Fernandez 3754 Lake Avenue #4 WPB, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORIYON, FRUCTUOSO 3774 LAKE AVE, #2 WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, ZOILA 705 SOUTHERN BLVD #1 WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WIENER, PAM 1715 DIVISION AVE WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip is 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Senen Lopez		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/26/04 Daytime Phone # 761-655-7548		

34013462



02252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6001290

Applied For
Not Applicable

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

**WHITFIELD, EMANUEL
3932 LAKE AVE, #2
WEST PALM BEACH, FL 33405**

Name **Lopez, Senen**
Street Address (P.O. Box Number is Not Acceptable)
3769 Georgia Ave. #4
City **West Palm** **FL** Zip Code **33405**

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  **Senen Lopez, President** **2/25/04**

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WHITFIELD, EMANUEL
3932 LAKE AVE #2
WEST PALM BEACH, FL 33405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Senen Lopez
3769 Georgia Ave. #4
WPB, FL 33405 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LOPEZ, SENEN
3769 GEORGIA AVE, #4
W PALM BEACH, FL 33405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Antonio Fernandez
3754 Lake Avenue #4
WPB, FL 33405 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MORIYON, FRUCTUOSO
3774 LAKE AVE, #2
WEST PALM BEACH, FL 33405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARTINEZ, ZOILA
705 SOUTHERN BLVD #1
WEST PALM BEACH, FL 33405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
WIENER, PAM
1715 DIVISION AVE
WEST PALM BEACH, FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Zip is 33407

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 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:  **Senen Lopez** **2/26/04** **761-655-7548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #