

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737764

FILED
Jan 13, 2005
Secretary of State

Entity Name: LAUDERDALE DEBUTANTE PRESENTATION COMMITTEE, INC.

Current Principal Place of Business:

1150 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1150 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-1738901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLZIEN, JAMES R
1701 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLZIEN, JAMES R
Address: 2461 SW 115 TERRACE
City-St-Zip: DAVIE, FL 33325 US

Title: D () Delete
Name: THOMPSON, ROBERT L
Address: 2470 S.E. 7TH DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: V () Delete
Name: TOLZIEN, CAROL
Address: 2461 SW 115 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: CAVAIOLI, KEVIN
Address: 6511 NE 20TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: HESTER, JULIA
Address: 1401 NE 9TH STREET, #45
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: SHAHADY, THOMAS
Address: 430 NE 131 AVE
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L THOMPSON

D

01/13/2005

Electronic Signature of Signing Officer or Director

Date