

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90027 027 ****61.25

40001342



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7410600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERKLE, WILLIAM R.
1901 SOUTH CONGRESS AVENUE
#120
BOYNTON, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> WOLF, ARTHUR 1906 SW 13TH WAY BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLEWELLYN, FERNALD 1070 SW 20TH TERRACE APT 122 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPPELMAN, WILLIAM 10124 45TH WAY S 468 BOYNTON BEACH, FL 334364264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ED</i> EIPPERT, BERT E <i>Seymour Friedman</i> 1006 SW 15TH STREET <i>5695 Swaying Palm Ln</i> BOYNTON BEACH, FL 33426 <i>Boynton, FL 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, STANDISH <i>George Roberts</i> 2602 SW 17TH STREET <i>7717 Brisson Bay Ln</i> BOYNTON BEACH, FL 33426 <i>Lake Worth, FL 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, SEYMOUR 5695 SWAYING PALM LANE BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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: *Ruth Wolf* 1-12-05 561-733-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #