


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 739944 1. Entity Name LUPUS FOUNDATION OF AMERICA SOUTHEAST FLORIDA CHAPTER, INC.	
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Principal Place of Business 75 NE 6TH AVE 223 DELRAY BEACH, FL 33483 US	Mailing Address 75 NE 6TH AVE 223 DELRAY BEACH, FL 33483 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1752601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCALLISTER, JACK 75 NE 6TH AVE STE 223 DELRAY BEACH, FL 33483

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD BRIGHT, J. R. 700 SEASAGE DR. DELRAY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARKIS, JOHN 6275 BAY CLUB DRIVE #4 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEPPER, STEVEN 13 CARRICK ROAD WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEISS, ROBERT 3386 CHRUCH HILL RD. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/04-80094-007 61.25

**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)(f), 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:  **1/14/04** (561) 279-8606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #