2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# 744637

Entity Name: LUCANUS DEVELOPMENTAL CENTER, INC.

Current Principal Place of Business:

6411 TAFT ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6411 TAFT ST.
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 59-1867575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, BUCKLEY
13250 SW 4TH CT.
G-310
PEMBROKE PINES, FL 33027 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:	BUCKLEY, THOMAS J	
Address:	6402 BROOK HOLLOW CT	
City-St-Zip:	TAMPA, FL 34698	
Title:	SD	( ) Delete
Name:	BUCKLEY, CHRIS	
Address:	605 S. PINE ISLAND RD	
City-St-Zip:	PLANTATION, FL 33324	
Title:	C	( ) Delete
Name:	BUCKLEY, TOM,	
Address:	13250 SW 4TH CT	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	D	( ) Delete
Name:	MOUTESERCHIO, RONALD	
Address:	910 SW 69TH TERR.	
City-St-Zip:	PLANTATION, FL 33317	
Title:	V	( ) Delete
Name:	HERSHMAN, SHELDON	
Address:	13701 WILKS DR	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	BUCKLEY, MIKE	
Address:	3406 NAVIGATOR POINT	
City-St-Zip:	KNOXVILLE, TN 37922	

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:	
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: TOM BUCKLEY C 02/01/2005

Electronic Signature of Signing Officer or Director — Date