

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 024 ****61.25

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02122005 Chg-NP CR2E037 (10/03)

DOCUMENT # 752702					
1. Entity Name TOWER FORUM, INC.					
Principal Place of Business P O BOX 39564 FT LAUDERDALE, FL 33339			Mailing Address P O BOX 39564 FT LAUDERDALE, FL 33339		
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2194903	
Zip		Country		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		
KEARSON, PATRICIA 2666 N.E. 35 DRIVE FORT LAUDERDALE, FL 33308-6314			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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. <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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARSON, PATRICIA		NAME		
STREET ADDRESS	2666 N.E. 35 DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 333086314		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, ALBERT P		NAME		
STREET ADDRESS	2510 NE 13 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMHOLDT, ROBERT D		NAME		
STREET ADDRESS	1700 NE 26TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, CHARLES F		NAME		
STREET ADDRESS	1881 NE 26TH STREET #203		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EASTON, ROBERT M.	
STREET ADDRESS			STREET ADDRESS	1560 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Patricia Kearson</i>		PATRICIA KEARSON		2/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (954)563-2214	