
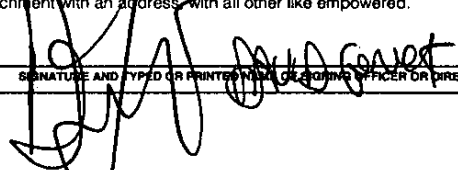


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 027 ****61.25

DOCUMENT # 760841					
1. Entity Name LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND, INC.					
Principal Place of Business 19080 NE 29TH AVE AVENTURA, FL 33180			Mailing Address 19080 NE 29TH AVE AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GENET (SANDOR F.) 99 NR 167TH STREET MIAMI, FL 33162				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENET (SANDOR F.)			NAME	
STREET ADDRESS	17355 N.E. 9TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENET, (HELEN)			NAME	
STREET ADDRESS	17355 N.E. 9TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERMAN (SHELDON)			NAME	
STREET ADDRESS	1255 N.E. 172ND STREET			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP	
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	
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	
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: 				Date: 11/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

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01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2232401 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Make check payable to Florida Department of State

305-933-8700