

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90043 036 ****70.00

DOCUMENT # 762218

1. Entity Name

LUCY WRIGHT BOARDING HOME, INC.



Principal Place of Business

2375 N.W. 161 ST
MIAMI FL 33054
US

Mailing Address

2375 N.W. 161 ST
MIAMI FL 33054
US

94037514



MOORE

CR2E037 (11/03)

2. Principal Place of Business

2375 N.W. 161st St.

3. Mailing Address

2375 N.W. 161st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIA, FL

City & State

MIA, FL

4. FEI Number

59-2197286

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, VIRGINIA L.
2375 N.W. 161ST STREET
MIAMI FL 33054

7. Name and Address of New Registered Agent

Name

Irma I. Bonet

Street Address (P.O. Box Number is Not Acceptable)

19201 S. SAN Andrews Dr.

City

Miami

FL

Zip Code

33015

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

Irma I. Bonet

3-20-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, KRISTEN	
STREET ADDRESS	15965 NW 22ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYERS, VIRGINIA L.	
STREET ADDRESS	15965 NW 22ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MYERS-BILLET, KAREN	
STREET ADDRESS	15965 NW 22ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APOLON, PATRICIA L	
STREET ADDRESS	15965 NW 22ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porfiro Bonet	
STREET ADDRESS	19201 S. SAN Andrews Dr.	
CITY-ST-ZIP	MIA, FL 33015	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irma I. Bonet	
STREET ADDRESS	19201 S. SAN Andrews Dr.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irma I. Pena	
STREET ADDRESS	19201 S. SAN Andrews Dr.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia L. Myers	
STREET ADDRESS	2375 N.W. 161 st St.	
CITY-ST-ZIP	MIA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-04 3058297929