

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90038 030 ****70.00

DOCUMENT # 767133

1. Entity Name
THE ANDY SWEET MEMORIAL FOUNDATION, INC.



Principal Place of Business
**2000 TOWERSIDE TERR
#507
MIAMI, FL 33138**

Mailing Address
**2000 TOWERSIDE TERR
#507
MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE



03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYN, MARK
2 SOUTH BISCAYNE BLVD
SUITE 3599
MIAMI, FL 33131**

*Mark Bryn
changed Suite #
to 2680*

**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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERTNOY, EARL 5660 COLLINS AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEET, AUDREY 2000 TOWERSIDE TERR #507 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEET, NELAN 2000 TOWERSIDE TERR #507 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIDNEY, MARC A 326 71ST ST MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, ELLEN 9305 NE 9TH AVE MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, NANCY 660 ONEIDA STREET DENVER, CO 80220

**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)(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:

Audrey Sweet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/05

DATE

305-895-9111

DAYTIME PHONE #