

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90021 040 \*\*\*\*61.25

14018960



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number **22-3183518** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BUSINESS FILINGS INC.  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	FRANKLIN, ALAN
STREET ADDRESS	9 TOWNSEND ROAD
CITY - ST - ZIP	YARDLEY, PA 19067
TITLE	VCVP
NAME	FRANKLIN, ALLEGRIA
STREET ADDRESS	9 TOWNSEND ROAD
CITY - ST - ZIP	YARDLEY, PA 190672108
TITLE	D
NAME	KUTLER, JEFFREY
STREET ADDRESS	216 ST JOHNS PLACE
CITY - ST - ZIP	BROOKLYN, NY 11217
TITLE	D
NAME	ALBERT, ANDREW
STREET ADDRESS	150 W. 88TH STREET
CITY - ST - ZIP	NEW YORK, NY 10024
TITLE	S
NAME	FRANKLIN, JOHN
STREET ADDRESS	9 TOWNSEND ROAD
CITY - ST - ZIP	YARDLEY, PA 19067
TITLE	T
NAME	FRANKLIN, DEIRDRE
STREET ADDRESS	315 E 77TH STREET, APT. 1G
CITY - ST - ZIP	NEW YORK, NY 10021

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-05

Date

215-295-7195

Daytime Phone #