

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 017 ****61.25

40023334



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-2929748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	STANEK, ROBERT V	
STREET ADDRESS	14 CAMPUS BLVD., SUITE 300	
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073	
TITLE	S	<input type="checkbox"/> Delete
NAME	URBAN, STANLEY T	
STREET ADDRESS	14 CAMPUS BLVD., STE 300	
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	DE ANGELIS, PETER L JR.	
STREET ADDRESS	14 CAMPUS BLVD., STE 300	
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, EDWARD	
STREET ADDRESS	356 TENNOCY HILL ROAD	
CITY-ST-ZIP	HYDE PARK, VT 05655	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, REGINA	
STREET ADDRESS	318 PATRICIAN DRIVE	
CITY-ST-ZIP	SPANISH FORT, AL 36527	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAFORD, EARLE L	
STREET ADDRESS	1327 PROSPECT HILL ROAD	
CITY-ST-ZIP	VILLANOVA, PA 19085	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05
Date

410-355-2095
Daytime Phone #