

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002308

FILED
May 12, 2004
Secretary of State

Entity Name: OPEN SYSTEMS DATABASE ASSOCIATION INC.

Current Principal Place of Business:

1035 SHARAZAD BL
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540977
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1060177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOTEN, PATRICIA
1035 SHARAZAD BLVD
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

HOOTEN, KELLIE
1035 SHARAZAD BLVD
OPA LOCKA, FL 33054 US

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.

SIGNATURE: KELLIE HOOTEN

05/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADDEN, DAN
Address: 8501 NW 51 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD () Delete
Name: KANEFSKY, MICHAEL
Address: 7147 CHARLESTON DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: MORRIS, JOAN
Address: 3803 LITTLE AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KANEFSKY, MICHAEL
Address: 7147 CHARLESTON DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VD (X) Change () Addition
Name: PIEL, BECKY
Address: 4420 NW 3 CT
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN MORRIS

SD

05/12/2004

Electronic Signature of Signing Officer or Director

Date