

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90006 008 ****61.25

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DOCUMENT # N00000004072

1. Entity Name
HAYNES-SHIPMAN FAMILY, INC.



Principal Place of Business
**3962 NW 167TH ST.
MIAMI, FL 33054**

Mailing Address
**P. O. BOX 172706
HIALEAH, FL 33017**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

06112004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1020629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JUNIE V. HORNE, P.A.
3962 NW 167TH ST.
MIAMI, FL 33054**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, RONALD 298 DODGE ST BUFFALO, NY 14208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WASHINGTON-Brown, Linda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2443 N.W. 179th Street Miami, FL 33056 PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, LINDA L 6283 NW 201ST TERR. HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howell, Vernon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1403 CLOUNDALE DRIVE SAVANNAH, GA 31405 VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWELL, BETTY K 1403 CLEVERDALE DR SAVANNAH, GA 31405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WASHINGTON, Bridget <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10707 South Preserve Way #103 SD Miami, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARDY, CONSTANCE 20880 NW 18 ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, SHIRLEY P. O. BOX 503 BUFFALO, NY 14209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bridget Baker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1307 EAST 1ST STREET SAVANNAH, GA SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Washington-Brown LINDA WASHINGTON-BROWN 6-11-04 305-620-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #