


NOT-FOR-PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
Annual Report
NOT-FOR-PROFIT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 0000000 4359

1. Corporation Name

im comitted, inc

2. Principal Office Address - No P.O. Box #

5125 Foxhall Dr N

Suite, Apt. #, etc.

3. Mailing Office Address

5125 Foxhall Dr N

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33417-0144 USA

City & State

West Palm Beach, FL

Zip

33417-0144 USA

4. Date Incorporated or Qualified To Do Business in Florida

12 June 2000

5. FEI Number

651039041

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maurece J Williams

Street Address (P.O. Box Number is Not Acceptable)

2995 Burgoyne Lane

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33409

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Maurece J Williams

REGISTERED AGENT MUST SIGN

Date

8 July 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------|-----------------------------------|------------------------------------------------|--------------------------|
| DR | Maurece J Williams | 2995 Burgoyne Lane | West Palm Beach FL 33409 |
| Asst DR | Marcellia A. Williams | 5125 Foxhall Dr North | West Palm Beach FL 33417 |
| Sec | Norica Williams | 5125 Foxhall Dr North | West Palm Beach FL 33417 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maurece J Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 July 2008

Daytime Phone #

561662-2892