

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 032 ****70.00

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

40017319



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0897496

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRASER, COURTNEY
9341 NW 33 MANOR
SUNRISE, FL 33351

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	OD	<input type="checkbox"/> Delete
NAME	FRASER, CHRISTINA	
STREET ADDRESS	9344 NW 33 MANOR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	OT	<input type="checkbox"/> Delete
NAME	HAYNES, MONICA	
STREET ADDRESS	1112 TENNESSEE AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	OD	<input type="checkbox"/> Delete
NAME	KNIGHT, SONIA	
STREET ADDRESS	3500 NW 33RD STREET	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE	OD	<input type="checkbox"/> Delete
NAME	TAYLOR, LEWIS	
STREET ADDRESS	2580 NW 46TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE	OD	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, CARLTON	
STREET ADDRESS	6201 NW 2ND ST	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAISER, COURTNEY	
STREET ADDRESS	9341 NW 33 MANOR	
CITY-ST-ZIP	SUNRISE, FL 33351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, CHRISTINA	
STREET ADDRESS	9341 NW 33 MANOR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, SONIA	
STREET ADDRESS	8540 NW 53 COURT	
CITY-ST-ZIP	LAUDERDALE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUEA, NORMAN	
STREET ADDRESS	2470 NW 64TH AVENUE	
CITY-ST-ZIP	SUNRISE, FL 33313	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/05 (954) 739-6053