

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007899

FILED
Jan 10, 2005
Secretary of State

Entity Name: SIDEKICK FOUNDATION, INC.

Current Principal Place of Business:

8210 WILES RD.
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4630 N. UNIVERSITY DR. #322
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1059560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEEHAN, ROSE ESQ.
2826 N. UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRYOR, ARTHUR
Address: 4670 W. LEITNER DR
City-St-Zip: CORAL SPRINGS, FL 32067

Title: D () Delete
Name: LEWEN, GREG A
Address: 5261 N. 37 ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: PRYOR, PAT
Address: 4670 W. LEITNER DR
City-St-Zip: CORAL SPRINGS,, FL 33067

Title: D () Delete
Name: SHEEHAN, ROSE
Address: 6480 N.W. 105TH TERR.
City-St-Zip: PARKLAND, FL 33076

Title: D () Delete
Name: ALLEN, ESTHER
Address: 212 TERN LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: GLUCK, GERALD
Address: 1212 N.W. 126TH TERR.
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: LAUFGAS, JENNIFER
Address: 2800 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608

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: ARTHUR PRYOR

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date