

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008331

1. Entity Name
CLIMBING JACOB'S LADDER INC.



Principal Place of Business
220 NE 31ST ST
POMPANO BEACH, FL 33064

Mailing Address
220 NE 31ST ST
POMPANO BEACH, FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *Pompano Beach, FL*

City & State

Zip *33064*

Country *Broward*

Zip *33064*

Country

08082005

Chg-NP

CR2E03Z

10/03

4. Fee Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, IVORY
3571 NW 2ND ST
FT LAUDERDALE, FL 33311

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 September 7, 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 PD
NAME MOORE, MATTHEW SR.,EVA
STREET ADDRESS 220 NE 31ST ST
CITY-ST-ZIP POMPANO BEACH, FL 33064 ☒ Delete

TITLE TD
NAME MOORE, NAN SR.,EVA
STREET ADDRESS 220 NE 31ST ST
CITY-ST-ZIP POMPANO BEACH, FL 33064 ☒ Delete

TITLE VPD
NAME HAYES, ALBERT JR
STREET ADDRESS 1350 SW 10TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete

TITLE ST
NAME HAYES, ELIZABETH
STREET ADDRESS 1350 SW 10TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☒ Delete

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CITY-ST-ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300060685293
10/17/05--01064--004 **70.00

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Dr. Matthew Moore Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 OCT 17 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082005 Chg-NP CR2E03Z 10/03

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SIGNATURE:

Dr. Matthew Moore Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

Dear Sir/Madam

Nothing has change on my Annual Report
therefore, I'm sending the check back and I have
corrected the era and thank you very much
for your concern.

Very Sincerely
Dr. Matthew Moore Sr.