

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90302 007 \*\*\*\*61.25

**DOCUMENT # N01000002974**

1. Entity Name  
**SOUTH FLORIDA LAY CISTERCIANS, INC.**



Principal Place of Business  
**2300 S.W. 21ST WAY  
BOYNTON BEACH, FL 33426**

Mailing Address  
**2300 S.W. 21ST WAY  
BOYNTON BEACH, FL 33426**

**20030634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-1092484**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WUNKER, ROBERT L~~  
~~2600 N. MILITARY TRAIL~~  
~~4TH FLOOR~~  
~~BOCA RATON, FL 33431~~

Name **Cecile McALPINE**

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

**9451 NW 40 STREET**

City **Coral Springs**

**FL**

Zip Code **33065**

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

*Cecile H McAlpine*

**Cecile H. McAlpine**

**4/17/2005**

Signature, typed or printed name of registered agent and title, 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 **PD** ☐ Delete  
NAME **NICHOLSON, TERRY**  
STREET ADDRESS **2300 S.W. 21ST WAY**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **STD** ☐ Delete  
NAME **ANDREANA, DAN**  
STREET ADDRESS **10777 W. SAMPLE ROAD, APT 1108**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ Delete  
NAME **SHANK, LILLIAN SR.**  
STREET ADDRESS **403 COUNTY RD. 720**  
CITY-ST-ZIP **CLEWISTON, FL 33440**

TITLE **D** ☐ Delete  
NAME **MCALPINE, CELE**  
STREET ADDRESS **9451 N.W. 40 STREET**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ Delete  
NAME **WUNKER, MARY A**  
STREET ADDRESS ~~2623 N.W. 40 STREET~~  
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☐ Addition  
NAME **MARY ANN WUNKER**  
STREET ADDRESS **2598 NW 44 ST**  
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ Change ☐ 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: *Mary Ann Wunker* **MARY ANN WUNKER** **4/17/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #