

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003849

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: CENTRE OF TRANSFORMATION, INC.

## Current Principal Place of Business:

5547 N ST RD 7  
TAMARAC, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 935005  
MARGATE, FL 33093

## New Mailing Address:

FEI Number: 65-1053601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAPP, BONNIE  
4351 N.W. 25 PLACE  
LAUDERHILL, FL 33313 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: SAPP, BONNIE  
Address: 4351 NW 25TH PLACE  
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: D ( ) Delete  
Name: SCOTT, MICHELE  
Address: 4601 NW 74TH AVE.  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: SMITH, LINDA  
Address: 5315 NW 27TH ST., 5A  
City-St-Zip: LAUDERHILL, FL 33313

Title: D (X) Delete  
Name: SCOTT, ERMINA L  
Address: 4601 NW 74TH AVE.  
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Delete  
Name: THOMAS, DONNA  
Address: 1612 NW 15 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change ( ) Addition  
Name: SMITH, LINDA  
Address: 5301 NW 27TH ST APT 2-C  
City-St-Zip: LAUDERHILL, FL 33313

Title: SEC (X) Change ( ) Addition  
Name: THOMAS, DONNA  
Address: 1612 NW 15TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

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

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: BONNIE SAPP

D

07/09/2004

Electronic Signature of Signing Officer or Director

Date