


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90099 014 \*\*\*\*61.25

<b>DOCUMENT # N01000005096</b> 1. Entity Name <b>FLORIDA PERFUSION SOCIETY, INC.</b>					
Principal Place of Business <b>7120 SW 20 TH STREET PLANTATION, FL 33317</b>			Mailing Address <b>7120 SW 20TH STREET PLANTATION, FL 33317</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1118647</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CERVANTES, CINDY 7120 SW 20TH STREET PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RALEY, RICHARD</b> <b>5302 OUTLOOK DRIVE</b> <b>MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CERVANTES, CINDY</b> <b>7120 SW 20TH ST</b> <b>PLANTATION FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DOVE, STEVEN</b> <b>1504 SW MOCKINGBIRD CIR</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOVE, STEVEN</b> <b>1504 SW MOCKINGBIRD CIR</b> <b>PORT ST LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>BARNARD, MIKE</b> <b>8745 SW 58TH STREET</b> <b>COOPER CITY, FL 33328</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>McELROY, STEVEN L</b> <b>8225 SW 176TH TER</b> <b>VILLAGE OF PALMETTO BAY, FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>TROIKE, KEVIN</b> <b>530 GRAND CONCOURSE</b> <b>MIAMI SHORES, FL 33138</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MURTHA, SEAN</b> <b>1849 MARINER'S LANE</b> <b>WESTON FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR <b>PUTROW, MICHAEL</b> <b>11727 SPANISH LAKE DR</b> <b>TAMPA, FL 33635</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALKER, TY</b> <b>3256 ELCAINO LANE</b> <b>CANTONMENT, FL 32533</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WONG, DANNY</b> <b>2621 SW 180TH AVE</b> <b>MIRAMAR, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RALEY, RICHARD</b> <b>5302 OUTLOOK DR</b> <b>MELBOURNE, FL 32940</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Cindy Cervantes</i> <b>CINOY CERVANTES</b> 1-30-07 305-899-3848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

TITLE  
NAME

STREET ADDRESS  
CITY ST ZIP

ATTACHMENT

D

TROIKE, KEVIN

57 NE 93RD ST

MIAMI SHORES, FL 33138

~~X~~ CHANGE ADDRESS

60011563

#N01000005096