

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90682 014 \*\*\*\*61.25

**DOCUMENT # N01000005643**

1. Entity Name

CREDITCARE FOUNDATION, INC.



Principal Place of Business

4000 N. FEDERAL HWY., STE 201  
BOCA RATON FL 33431

Mailing Address

4000 N. FEDERAL HWY., STE 201  
BOCA RATON FL 33431

94031046



MOORE CR2E037 (11/03)

2. Principal Place of Business

4000 N. FEDERAL HWY  
STE. 202  
BOCA RATON, FL

3. Mailing Address

4000 N. FEDERAL HWY.  
STE. 202  
BOCA RATON, FL

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

4. FEI Number

31-1794519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPYREDES, TOM  
4400 N FEDERAL HIGHWAY  
401  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name  
LAW OFFICES OF JAMES J. DOUGHERTY, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
4400 N. FEDERAL HWY.  
SUITE 410  
City  
BOCA RATON FL Zip Code  
33431

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 JAMES J. DOUGHERTY, ESQ., PRES.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3-18-04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	D	<input type="checkbox"/> Delete
NAME	SHORT, ADRIENNE	
STREET ADDRESS	4000 N. FEDERAL HWY., SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	JURASINSKI, ANTHONY	
STREET ADDRESS	4000 N. FEDERAL HWY., SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGA, SEAN	
STREET ADDRESS	4000 N. FEDERAL HWY., SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, ADRIENNE	
STREET ADDRESS	19595 BLACK OLIVE LN.	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURASINSKI, ANTHONY	
STREET ADDRESS	4000 N. FEDERAL HWY. SUITE 202	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGA, SEAN	
STREET ADDRESS	3612 CORAL SPRINGS DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VP/5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TKACH, RICHARD	
STREET ADDRESS	4000 N. FEDERAL HWY. STE. 202	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, JOHN	
STREET ADDRESS	400 VILLAGE BLVD., STE. 3	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anthony R Jurasinski 3-19-2004 803 930 5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #