

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007329	
1. Entity Name THE TWENTY PLUS, INC.	

Principal Place of Business 3831 NW 10TH AVE. OAKLAND PARK, FL 33309	Mailing Address 3304 N.W. 37TH AVENUE LAUDERDALE LAKES, FL 33309
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02032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1628812	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREENE, LUCILLE 3880 NW 5TH CT. FT. LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 LUCILLE GREENE Lucille Greene 3/13/07
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 May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000670700
03/27/07-60122-006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFC GREENE, LUCILLE 3880 NW 5TH CT. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EP WILLIAMS, WILLIE M 3304 NW 37TH AVE. LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, CLARA 800 N.W. 33RD TERRACE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, BARBARA 2520 N.W. 12 COURT POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS SPINCE, LISA 10271 N.W. 24 STREET SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STONER, GLORIA 920 S.W. 8TH AVENUE HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: [Signature] 3/13/07 954735-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #