


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90096 002 ****70.00

DOCUMENT # <i>NDZ 00002904</i>	
1. Entity Name <i>Shanny's gang To Some generations, Inc</i>	

DO NOT WRITE IN THIS SPACE

40088290

2. Principal Place of Business <i>6507 GREEN Dolphin</i>	3. Mailing Address <i>6507 GREEN Dolphin ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Fort Pierce Florida</i>	City & State <i>Fort Pierce Florida</i>	4. FEI Number <i>11-3646436</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34951</i>	Country <i>S.L.</i>	Zip <i>34951</i>	Country <i>SL</i>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>FRAN O. ROSS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>7003 SHANNON Drive</i>	
City <i>Fort Pierce</i>	FL Zip Code <i>34951</i>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP <i>Maxine Green President 6507 Green Dolphin St Fort Pierce, Florida 34951</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Julius Bell TREASURER 1520 S.E. ROYAL GREEN Circle P.S.L., Florida 34952</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SHARRON WOOD Secretary 6507 Green Dolphin St Fort P. 34951</i>	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Henry Scott Jr. Director 8531 Logan Circle Boynton Beach 33437</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Doris Scott Jr. Director 8531 Logan Circle Boynton Beach, FL 33437</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address, and all other like empowered.

SIGNATURE *Maxine Green (Maxine Green)* *6/8/05 772.466.7425*

CR2E037B (12/02)