

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # NC2000005106**

1. Entity Name  
**THE ROB REDLHAMMER MEMORIAL FUND, INC.**



Principal Place of Business  
**5704 SW 116 AVE  
COOPER CITY, FL 33330**

Mailing Address  
**5704 SW 116 AVE  
COOPER CITY, FL 33330**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-1013984**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FEINMAN, STEVEN A ESQ.  
8530 STATE RD 84  
DAVIE, FL 33324**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BARRETT, PATTI  
STREET ADDRESS 5704 S.W. 116 AVE.  
CITY - ST - ZIP COOPER CITY, FL 33330

TITLE VD  
NAME BARRETT, DANIEL  
STREET ADDRESS 5704 SW 116 AVE  
CITY - ST - ZIP COOPER CITY, FL 33330

TITLE ST  
NAME REDLHAMMER, ALBERT  
STREET ADDRESS 10651 SW 27 STREET  
CITY - ST - ZIP DAVIE, FL 33328

TITLE TT  
NAME REDLHAMMER, JOAN  
STREET ADDRESS 10651 SW 27 STREET  
CITY - ST - ZIP DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100000181576  
01/18/05-80003-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/05 954-764-0616