


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006021 1. Entity Name THE DISTINGUISHED FLYING CROSS SOCIETY SOUTHEAST FLORIDA CHAPTER, INC.	
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Principal Place of Business 10901 LAKEMORE LANE #201 BOCA RATON, FL 33498	Mailing Address 10901 LAKEMORE LANE #201 BOCA RATON, FL 33498
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07242006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0637991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAY, STANLEY B 10910 LAKEMORE LANE #201 BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$61.25
Due by September 6, 2006**

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

1100000573744
08/07/06-80010-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTALINE, RUSSELL 3800 HILLCREST DRIVE #901 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, GRAY B 10910 LAKEMORE LANE # 201 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADOWSKY, ALVIN G 17266 BOCA RATON CLUB BLVD. #1601 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANKMAN, SYDNEY H 19683 BOCA GREENS DR. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Stanley B. Gray* **STANLEY B GRAY, V. PRESIDENT** 7/16/06 561-483-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #