

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006021

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE DISTINGUISHED FLYING CROSS SOCIETY SOUTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

10901 LAKEMORE LANE #201
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

10901 LAKEMORE LANE #201
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 02-0637991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, STANLEY B
10910 LAKEMORE LANE #201
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTALINE, RUSSELL
Address: 3800 HILLCREST DRIVE #901
City-St-Zip: HOLLYWOODQ, FL 33021

Title: V () Delete
Name: STANLEY, GRAY B
Address: 10910 LAKEMORE LANE # 201
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: SADOWSKY, ALVIN G
Address: 17266 BOCA RATON CLUB BLVD. #1601
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Delete
Name: DANKMAN, SYDNEY H
Address: 19683 BOCA GREENS DR.
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY B. GRAY

VP

04/19/2007

Electronic Signature of Signing Officer or Director

Date