## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90097 009 \*\*\*\*70.00

## DOCUMENT # N03000004549



Applied From State   S		C PROSE	PECT PARK - MON IATION, INC.	NCEAUX	НОМЕ								
Suite, Apil #, etc.    Suite, Apil #, etc.   Suite   City & State   City & Ci	334 MARLBO	OROUGH ROA	AD O	PO BOX	6354	33405	;				50	0114	92
City & State  City & State  City & State  Country  Countr	2. Principal P	lace of Busin	ess	3. Mailing	Address								
Time   Power	Suite, Apt.	#, etc.		Suite,	Apt. #, etc.				01252005	Chg-NP	CR2	E037 (10/0	3)
S. Certificate of Sistaus Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  City  City  FL Zip Code  City  Cit	City & State	e		City 8	State		-						
BROWN, RICHARD 334 MARI BOROUGH ROAD WEST PALM BEACH, FL 33405    City   FL   Zep Code	Zip		·			Cou	intry					Fee Req	
BROWN, RICHARD 334 MARL BOROUGH ROAD WEST PALM BEACH, FL 33405  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 colliquions of registered agent.  By Parket, higher or partied agent and loss appointment.    Post		6. Name	and Address of Current	Registered A	igent		Name		7. Name and	Address of N	lew Register	ed Agent	
B. 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 protes name of registered agent and like a application.   (NOTE Registered Agent Spoular required information))   DATE    Filling Foe is \$61.25	334 MARL	BOROUG						Idress (F	P.O. Box Numb	er is Not Acce	ptable)		
SIGNATURE    Filling Fee Is S61.25				-			City					Zip (	Code
Filing Fee is \$61.25 TO OFFICERS AND DIRECTORS  IT ADDITIONAL PLANCES TO OFFICERS AND DIRECTORS  IT ADDITIONAL PLANCES TO OFFICERS AND DIRECTORS IT 10  OFFICERS AND DIRECTORS  IT 11  ADDITIONAL PLANCES TO OFFICERS AND DIRECTORS IN 10  OFFICER AND SET A				or the purpose	of changing its	registere	ed office or r	registere	ed agent, or bo	th, in the State	ol Florida. I	am familiar w	ith, and accept
Trust Fund Contribution.  Added to Fees  Florida Department of State  Inc.  Added to Fees  Florida Department of State  Added to Fees  Florida Department of State  Inc.  Addelion  Addelion  Addelion  ADDETIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  PYRNES, PAT  326 AVILA ROAD  WEST PALM BEACH, FL 334.05  Inc.  ADDETIONS  INC.  INC.  ADDETIONS  INC.	SIGNATURE .	Signature, typed	or purpled shape of transferred specific										
ITILE	· · · · · · · · · · · · · · · · · · ·		or printed name or registered again.	and title if applicat	Me. (NOTE	Registere	d Agent signaturi	e required	when reinstaling)		DA	T€	
NAME STREET ADDRESS 112 ROOSEVELT PLACE WEST PALM BEACH, FL 33405  TILE PD HOLLOWAY, MARION 3209 WASHINGTON ROAD WEST PALM BEACH, FL 33405  TILE VD DENESS, STEVEN 3217 VINCENT ROAD WEST PALM BEACH, FL 33405  TILE TILE TILE TILE BROWN, MARE STREET ADDRESS CITY-ST-2P WEST PALM BEACH, FL 33405  TILE WEST PALM BEACH, FL 33405  TILE NAME STREET ADDRESS CITY-ST-2P TILE TILE BROWSEVELT PLACE CITY-ST-2P WEST PALM BEACH, FL 33405  TILE WEST PALM BEACH, FL 33405  TILE TILE TILE TILE BROWSEVELT PLACE WEST PALM BEACH, FL 33405  TILE TILE TILE TILE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P TILE TILE STREET ADDRESS TIRET ADDRESS TIRET ADDRESS CITY-ST-2P TILE TILE TILE STREET ADDRESS TIRET ADDRESS TILE ADDRESS TIRET ADDR	, 	_	e is \$61.25	t and title if applicat	9. Election Carr	npaign F	inancing		\$5.00 May E		Make ch	neck payab	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Oate	Daylane Phone #
SIGNATURE:	Richard	Prewn, SD,	(561) 659-5136
changed, or on an attachment with an address, with all other like empowered.			