

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004607

FILED
Apr 28, 2005
Secretary of State

Entity Name: MAD DADS OF GREATER BOYNTON BEACH, INC.

Current Principal Place of Business:

531 NW 10TH AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

531 NW 10TH AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

P.O. BOX 549
BOYNTON BEACH, FL 33425

FEI Number: 27-0064773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, DORIS
531 N.W. 10TH AVENUE
BOYNTON BEACH, FL 33435 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: D () Delete
Name: BRYANT, AUSBEE B JR
Address: 203 SW 14TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: PD () Delete
Name: BRYAN, VALERIE
Address: 203 SW 14TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD (X) Delete
Name: AULBURY, LEONARD II
Address: 120 NE 8TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: JACKSON, DORIS
Address: 531 NW 10TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: FUSE, HENRY
Address: 1152 SOUTH PORT COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: WILLIAMS, TONYA H CHRM
Address: 410 NW 6TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BRYANT, VALERIE
Address: 203 SW 14TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: STD (X) Change () Addition
Name: JACKSON, DORIS
Address: 531 NW 10TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

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 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 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: DORIS JACKSON

STD

04/28/2005

Electronic Signature of Signing Officer or Director

Date