

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005322

FILED
Jun 11, 2004
Secretary of State**Entity Name:** M.S.D.O.P.A., INC.**Current Principal Place of Business:**5901 PINE ISLAND RD
PARKLAND, FL 33076**New Principal Place of Business:****Current Mailing Address:**5901 PINE ISLAND RD
PARKLAND, FL 33076**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CALMER, DEAN
5901 PINE ISLAND RD
STONEMAN DOUGLAS HIGH SCHOOL
PARKLAND, FL 33076**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:** PD () Delete
Name: DITTO, LOUISE
Address: 1719 NW 107TH DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** TD () Delete
Name: LEVENSON, ALAN
Address: 9523 NW 67TH PLACE
City-St-Zip: PARKLAND, FL 33076**Title:** SD () Delete
Name: PETTY, GAIL
Address: 3215 NW 114TH LANE
City-St-Zip: CORAL SPRINGS, FL 33065**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:

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: ALAN LEVENSON

TD

06/11/2004

Electronic Signature of Signing Officer or Director_____
Date