

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000005322

1. Entity Name
M.S.D.O.P.A., INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 AM 11:45

Principal Place of Business
5901 PINE ISLAND RD
PARKLAND, FL 33076

Mailing Address
5901 PINE ISLAND RD
PARKLAND, FL 33076

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, KATHRYN
6917 N. W. 65TH TERRACE
PARKLAND, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Kathryn Sullivan, Kathryn Sullivan, Treasurer, 10/1/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME TAYLOR, ALEXANDRA
STREET ADDRESS 5944 CORAL RIDGE DRIVE, #135
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE President ☒ Change ☐ Addition
NAME Marge Pistulka
STREET ADDRESS 5455 N.W. 121st Ave.
CITY-ST-ZIP Coral Springs, FL 33076

TITLE TD ☐ Delete
NAME SULLIVAN, KATHRYN
STREET ADDRESS 6917 N.W. 65 TERRACE
CITY-ST-ZIP PARKLAND, FL 33076

TITLE 500111399255 ☐ Change ☐ Addition
NAME 10/26/07--01057--002 **61.25
STREET ADDRESS
CITY-ST-ZIP

TITLE OR ☐ Delete
NAME CHEN, HUIFANG
STREET ADDRESS 11451 N.W. 49TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP B310/19/07

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: Kathryn Sullivan, Kathryn Sullivan 10/1/07 754-322-4609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #