

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90002 013 \*\*\*\*61.25

<b>DOCUMENT # N03000005322</b> 1. Entity Name <b>M.S.D.O.P.A., INC.</b>					
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	05212008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> 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 <u>Marge Pistulka</u> Street Address (P.O. Box Number is Not Acceptable) <u>5455 N.W. 121st Ave</u> City <u>Coral Springs</u> <u>FL</u> Zip Code <u>33076</u>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <u><i>M. Pistulka</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> <u>Margaret D Pistulka</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <u>6/2/08</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISTULKA, MARGE		NAME	Pistulka, Marge	
STREET ADDRESS	5455 N.W. 121ST AVE		STREET ADDRESS	5455 N.W. 121st Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, KATHRYN		NAME	Cheryl Cleary	
STREET ADDRESS	6917 N.W. 65 TERRACE		STREET ADDRESS	7180 N.W. 62nd Terrace	
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP	Parkland, FL 33067	
TITLE	DR	<input checked="" type="checkbox"/> Delete	TITLE	<del>Lisa M</del> Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEN, HUIFANG		NAME	Lisa Manuel	
STREET ADDRESS	11451 N.W. 49TH ST.		STREET ADDRESS	10231 N.W. 43 St.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP	Coral Springs, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Kathryn Sullivan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Kathryn Sullivan</u> <u>5/2/08</u> <u>781-322-4609</u> <small>Date    Daytime Phone #</small>		