

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005322

FILED
Sep 16, 2009
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:

5845 NW 72 WAY
PARKLAND, FL 33067

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PISTULKA, MARGE
5455 NW 121ST AVE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

DURIE, PAMELA
5845 NW 72 WAY
PARKLAND, FL 33067 US

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: PAMELA DURIE

09/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PISTULKA, MARGE
Address: 5455 NW 121ST AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P () Delete
Name: CLEARY, CHERYL
Address: 7180 NW 62ND TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: S () Delete
Name: MANUL, LISA
Address: 10231 NW 43 STREET
City-St-Zip: CORAL SPRINGS, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DURIE, PAMELA
Address: 5845 NW 72 WAY
City-St-Zip: PARKLAND, FL 33067

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 exemption stated 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 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: PAMELA DURIE

T

09/16/2009

Electronic Signature of Signing Officer or Director

Date