


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90048 020 ****61.25

DOCUMENT # N03000008218 1. Entity Name HORIZONS ACADEMIC MENTOR PROGRAM OF MIAMI-DADE, INC.					
Principal Place of Business 740 N.E. 13TH STREET HOMESTEAD, FL 33033			Mailing Address 740 N.E. 13TH STREET HOMESTEAD, FL 33033		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0258582				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANZENDORF, SCOTT O 740 N.E. 13TH STREET HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSD		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANZENDORF, SCOTT O		NAME		
STREET ADDRESS	740 N.E. 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHILLIPS, BARBARA		NAME		
STREET ADDRESS	1225 ALMERIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33155		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, TERESA		NAME		
STREET ADDRESS	5842 SW 33RD STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	+ Todd KELLISON		NAME		
STREET ADDRESS	9700 SW 328th St.		STREET ADDRESS		
CITY-ST-ZIP	Homestead, FL 33033		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DANIELS, Andres		NAME		
STREET ADDRESS	350 NW 134th Ave. Apt #204		STREET ADDRESS		
CITY-ST-ZIP	Pembroke Pines, FL 33028		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 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 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: <i>Scott O. Lanzendorf</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-19-04 305-246-1619 <small>Date Daytime Phone #</small>		