

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010025 1. Entity Name NAM KNIGHTS OF AMERICA M.D., BROWARD COUNTY FLORIDA, INC.	
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Principal Place of Business
**6561 SUNSET STRIP
SUNRISE, FL 33313**

Mailing Address
**6561 SUNSET STRIP
SUNRISE, FL 33313**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2372728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLENGER, LARRY
7170 N.W. 6TH COURT
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reactivating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLENGER, LARRY 7170 N.W. 6TH COURT MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEZOTTE, ROBERT 949 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMOS, WILLIAM L 10480 NW 8TH COURT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECK, NELSON 1110 N.W. 48TH ST. FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000389532
01/20/06-80056-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LARRY SULLENGER

1/11/06 954/968-8050