

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-03-2005 90178 019 ****61.25

DOCUMENT # N04000001054 1. Entity Name ARLINGTON PARK FAMILY, INC.					
Principal Place of Business 49 S DIXIE HWY DEERFIELD BEACH, FL 33441			Mailing Address 49 S DIXIE HWY DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 32-0105123				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 FEAGIN, MAE FRANCES 2471 NW 56TH AVE BLDG 15 APT 105 LAUDERHILL, FL 33313			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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> P FEAGIN, MAE FRANCES 2471 NW 56TH AVE BLDG 15 APT 105 LAUDERHILL, FL 33313 </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> V JONES, THOMAS 320 SE 4TH ST DEERFIELD BEACH, FL 33441 </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> S HAMILTON, GINGER 16 SW 13TH CT DEERFIELD BEACH, FL 33441 </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> T CALVIN, MIKERONE 1275 SW 46TH AVE APT 311 POMPAHO BEACH, FL 33069 </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex;"> <div style="flex: 1;"> </div> <div style="flex: 0.1; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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66010477



02162005 Chg-NP CR2E037 (10/03)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mae Frances Feagin
Feb 28 2005

Daytime Phone #