


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 023 ****70.00

DOCUMENT # N04000005497 1. Entity Name MAYAN FAMILY SERVICES, INCORPORATED					
Principal Place of Business 534 41ST STREET WEST PALM BEACH, FL 33407			Mailing Address 534 41ST STREET WEST PALM BEACH, FL 33407		
2. Principal Place of Business 528-24 STREET Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8125 Suite, Apt. #, etc.			
City & State West Palm Beach, Florida		City & State West Palm Beach, Florida		4. FEI Number 26-0088313	
Zip 33407		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUGHTLIN, CHERYL A 400 45TH STREET WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, PHILIP L <input checked="" type="checkbox"/> Delete PP BOX 8795 WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WALLACE, PHILIP L. P.O. Box 8795 WEST Palm Beach, Florida 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, ELIZABETH H <input checked="" type="checkbox"/> Delete 534 29TH STREET WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hickey, ELIZABETH H 2,6 SOUIX LANE LANTANT, FLORIDA 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, TERRY L <input checked="" type="checkbox"/> Delete 3315 LIDDY AVE WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SOSSNER, MYENA 534-29 STREET WEST Palm Beach, Florida 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY SLOANE 534-29 STREET West Palm Beach, Florida 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/25/05 Daytime Phone # 561-758 4270		