2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007074

FILED Jan 14, 2005 8:00 am Secretary of State 01-14-2005 90011 026 ****70.00

1. Entity Nam FRANK L	YNCH UNIVERSITY, INC.							
106 PINEVIEW RD 106		Mailing Address 106 PINEVIEW RD JUPITER, FL 33469-			50002755			
2. Principal Place of Business 3. Mai		3. Mailing Address	ailing Address					
Suite, Apt. #, etc. Se		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112005 Chg-NP	CR2E	037 (10/03)	
		City & State			4. FEI Number 20-14018	28		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desire	<u>. ~</u>	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LYNCH, R. FRANK 106 PINEVIEW RD JUPITER, FL 33469-3114				Name Street Address (P.O. Box Number is Not Acceptable)				
			Cit	у		F	L Zip Code	e
	named entity submits this statement ions of registered agent. Specific typed or printed name of registered age		ts registered offi	·	· · · · · · · · · · · · · · · · · · ·	of Florida. I ar	· u	and accept
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ck payable to artment of Si	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND (10
TITLE	DPST	☐ Delete	TITLE	D P	T D ERANK		Спапде	Addition
NAME ATTRET ADDRESS	LYNCH, R. FRANK		NAME					
I SIMPELADUMENS	I 106 PINEVIEW RD			DESC LYN	LI MENTERALIA			
STREET ADDRESS CITY-ST-ZIP	106 PINEVIEW RD JUPITER, FL 334693114		STREET ADO		CH R. FRANK PINEVIEW Rd.	4-3114		
CITY-ST-ZIP TITLE NAME	JUPITER, FL 334693114 DST LYNCH, PEARL D	☐ Delete	STREET ADOI CITY-ST-ZIP TITLE NAME	D S LYN	PITEN FL 3346 V ICH, PEARL D.	9-3/14	Change	☐ Addition
CTTY-ST-ZIP	JUPITER, FL 334693114 DST LYNCH, PEARL D 106 PINEVIEW RD JUPITER, FL 334693114	☐ Delete	STREET ADDI CITY-ST-ZIF TITLE	DS LYN 101 Vh	PITER FL 3346 V VCH, PEARL P- PINENIEW RA PINEN FL 3346		~ .	☐ Addition
TITLE NAME STREET ADDRESS	JUPITER, FL 334693114 DST LYNCH, PEARL D 106 PINEVIEW RD	□ Delete	STREET ADDI CITY-ST-ZIF TITLE NAME STREET ADDI	P JU D S LYN P JU D JU	PITER FL 3346 V V V V V V V P V P V P V P V P V C V C	9-3//4 Wi	~ .	☐ Addition
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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.