## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000008018** 

## **FILED** Jan 31, 2005 8:00 am Secretary of State

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01-10-2005 90051 016 \*\*\*\*61.25

1. Entity Name DEPENDOUS FOUNDATION, INC. 66000542 Mailing Address Principal Place of Business 1003 E NEWPORT CENTER DR 1003 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 01042005 Chg-NP Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 20-1515907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMMERMAN, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 737 E ATLANTIC BLVD POMPANO BEACH, FL 33060 City 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 Signature, typed or privated name of registered agent and title if applicable. (NOTE: Recestered Agent injusture required when revelating) DATE 9. Election Campaign Financing "Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition ☐ Change TITLE ☐ Defete TOTE NAME RYAN, SHAWN NAME 1003 E NEWPORT CENTER DR STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY.ST. 7P CHY-ST-ZP TITLE ☐ Delete TITLE Change | Addition MCCAULEY, MATTHEW NAME NAME 1003 E NEWPORT CENTER DR STREET ADORESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Delete TITLE Addition ZIMMERMAN, ŠTPEHEN L NAME NAME STREET ADDRESS 737 E ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP □ Oelete TITLE Change. Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE ☐ Dalete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP 12. Thereby 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. (954) 283-5800

SIGNATURE:

NAME OF SIGHING OFFICER OR DIRECTOR