

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90048 038 \*\*\*\*61.25

40019913



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number **095243690** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

SWICER, TONY  
1730 S. CONGRESS AVE.  
WEST PALM BEACH, FL 33466

## 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWICER, TONY	
STREET ADDRESS	3780 RAMBLEWOOD CT.	
CITY-ST-ZIP	GREENACRES, FL 33467	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUCLOS, REGENT	
STREET ADDRESS	1730 S. CONGRESS AVE.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELESHEWICH, PAUL	
STREET ADDRESS	81 LOQUAT TREE DR.	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLOW, CHARLOTTE	
STREET ADDRESS	2309 MASTERPIECE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOW, ED	
STREET ADDRESS	2309 MASTERPIECE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARVER, RICK	
STREET ADDRESS	4225 ROYAL OAK DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Tony Swicer* **Tony Swicer** 2/15/05 561-964-8180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #