

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008994

FILED
Apr 16, 2005
Secretary of State

Entity Name: SOUTH FLORIDA HOMES' FOR DISABLED CHILDREN, INC.

Current Principal Place of Business:

C/O SYROP 3134 NORTH JOG ROAD
#1105
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

C/O SYROP 3134 NORTH JOG ROAD
#1105
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 20-1633054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BNS CONSULTING, INC.
3134 NORTH JOG ROAD
#1105
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: BOLOGNA, SAL
Address: PO BOX 1231
City-St-Zip: OKEECHOBEE, FL 33472

Title: VP () Delete
Name: GILSON, JEFFREY
Address: 6109 EATON STREET
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S-T () Delete
Name: SYROP, JERRY M
Address: 3134 NORTH JOG ROAD, #1105
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY M. SYROP

S-T

04/16/2005

Electronic Signature of Signing Officer or Director

Date