2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED

May 02, 2005 8:00 am Secretary of State

| DOCUMENT # N0400009345 1. Entity Name THE THETA BETA FOUNDATION OF SOUTH FLORIDA, INC. | | | | 05 | -02-2005 90568 (| 043 ****61 | .25 | |
|---|--|--|--|--|---------------------------|--|--|--|
| Principal Place of Business Mailing Address 617 W LUMSDEN ROAD 617 W LUMSDE BRANDON, FL 33511 BRANDON, FL 3 | | | | | | | 1118à 81 1284 | |
| 2. Principal Place of Business 3. Ma | | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ng-NP CR2E | (10/03) | | |
| City & State | | City & State | | 4. FEI Number | 139102 | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Str | | \$8.75 Add | ditional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registere | d Agent | | |
| MACAN BORESTIN | | | Name | | | | | |
| HAGAN, ROBERT W 617 W LUMSDEN ROAD BRANDON, FL 33511 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | |
| | | | City | FL Zip Code | | | | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing its r | egistered office or regi | istered agent, or both, in | the State of Florida. I a | m familiar with, | and accept | |
| SIGNATURE | | | | | | | | |
| | Signature, types of printed name or registered agents | and the in appreciation. (NOTE: | registered Agent signature red | quired when reinstating) | DATI | 5 | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | Make che | eck payable to partment of Si | | |
| 10. | Filing Fee is \$61.25 | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | Make che | eck payable to artment of Si | tate | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF | 9. Election Camp Trust Fund Co | paign Financing ontribution. | \$5.00 May Be Added to Fees | Make che Florida Dep | eck payable to artment of Si | tate | |
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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 point like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

Daytime Phone #