

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90043 024 ****61.25

DOCUMENT # N04403 1. Entity Name THE FRIENDS OF THE HEPBURN CENTER INCORPORATED					
Principal Place of Business 750 N.W. 8TH AVE. HALLANDALE BEACH, FL 33009 US			Mailing Address ARMIN LOENVIRTH 1995 EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOENVIRTH, ARMIN 1995 EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009				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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LOENVIRTH, ARMIN 1995 EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PENTACOST, JACQUELINE 2001 ATLANTIC SHORES BLVD HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, JOCELYN 3140 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33009 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDMAN, MICHAEL 1425 ATLANTIC SHORES BLVD HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, MARY 700 NW 5TH COURT HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LADOLCETTA, PATRICIA 400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Armin F. Loenvirth</i>			1/30/2006 974-454-300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		