

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90345 001 ***183.75

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 LOVENVIRTH
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

66009875



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2710007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOVENVIRTH, ARMIN
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
LOVENVIRTH, ARMIN
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PENTACOST, JACQUELINE
2001 ATLANTIC SHORES BLVD
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SANDMAN, MICHAEL
1425 ATLANTIC SHORES BLVD
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WASHINGTON, MARY
700 NW 5TH COURT
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
LADOLCETTA, PATRICIA
400 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia M. Ladolcetta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/09
Date

954-457-1371
Daytime Phone #