

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04403

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

Current Principal Place of Business:

750 N.W. 8TH AVE.
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2710007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOVENVIRTH, ARMIN
1995 EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 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: CD () Delete
Name: LOVENVIRTH, ARMIN
Address: 1995 EAST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: DS () Delete
Name: PENTACOST, JACQUELINE
Address: 2001 ATLANTIC SHORES BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: D () Delete
Name: SANDMAN, MICHAEL
Address: 1425 ATLANTIC SHORES BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: D () Delete
Name: WASHINGTON, MARY
Address: 700 NW 5TH COURT
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: M () Delete
Name: LADOLCETTA, PATRICIA
Address: 400 SOUTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: M () Change (X) Addition
Name: HAMLIN, JULIE
Address: 1904 S OCEAN DRIVE
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA M. LADOLCETTA

M

04/20/2009

Electronic Signature of Signing Officer or Director

Date