

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90054 045 \*\*\*\*61.25

**DOCUMENT # N05000001675**

1. Entity Name

CITIZENS UNITED FOR A BETTER FUTURE, INC.



Principal Place of Business

1118 NORTH LAKE SIDE DRIVE  
LAKE WORTH FL 33460

Mailing Address

1118 NORTH LAKE SIDE DRIVE  
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2333809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENGISU, DOGAN  
1118 NORTH LAKE SIDE DRIVE  
LAKE WORTH FL 33460

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

**FILE NOW: 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

TITLE PD  
NAME FEAMAN, PETER ☐ Delete  
STREET ADDRESS 700 SOUTH FEDERAL HIGHWAY SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD ☒ Delete  
NAME CADOGAN, ANDRE  
STREET ADDRESS 6204 PINE HURST DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE TD ☒ Delete  
NAME BENGISU, DOGAN  
STREET ADDRESS 1118 NORTH LAKE SIDE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE SD ☐ Delete  
NAME ROYSTER, COCHITA  
STREET ADDRESS 4345-A WOODSTOCK DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33460

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME LOWROES STACEY  
STREET ADDRESS 6122 Aloma Lane  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*