

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 012 ****61.25

DOCUMENT # N09185

1. Entity Name
HENDERSON CENTER RESIDENTIAL SERVICES, INC.



Principal Place of Business
4740 N STATE RD 7
SUITE 201
FT. LAUDERDALE, FL 33319 US

Mailing Address
4740 N STATE RD 7
SUITE 201
FT. LAUDERDALE, FL 33319-5860 US

50038139



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2533533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RONIK, STEVE
4740 N STATE ROAD 7
STE. 201
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	DUNCANSON, CAROLE	
STREET ADDRESS	1044 HARRISON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	P	<input type="checkbox"/> Delete
NAME	FIELD, ROBERT A JR	
STREET ADDRESS	4324 NE 6 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUSTAFSON, JOEL	
STREET ADDRESS	1 E BROWARD BLVD STE 1300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEE, CAROLYN J	
STREET ADDRESS	200 E BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUNDLACK, JON	
STREET ADDRESS	2741 NE 14 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333041610	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, JEFFREY	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 2114	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin T. Chaney	
STREET ADDRESS	2206 NE 26 Street	
CITY-ST-ZIP	Fort Lauderdale FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another me empowered.

SIGNATURE: *Robert A. Field, Jr.* **Robert A. Field, Jr.** **4/13/05 954.486.4005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #