

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010467

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** EQUALITY PARK MEMORIAL GARDEN CLUB, INC.

**Current Principal Place of Business:**

1708 NE 24TH STREET  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

1708 NE 24TH STREET  
WILTON MANORS, FL 33305 =

**Current Mailing Address:**

1708 NE 24TH STREET  
WILTON MANORS, FL 33305

**New Mailing Address:**

**FEI Number:** 27-2875276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALPERT, PAUL R  
1708 NE 24TH STREET  
WILTON MANORS, FL 33305 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: PRES  
Name: NICHOLS, CHUCK  
Address: 2894 NE 27 STREET  
City-St-Zip: FT LAUDERDALE, FL 33306

Title: VP  
Name: JONES, CHIP  
Address: SE 82 AVENUE  
City-St-Zip: DAVIE, FL

Title: TREA  
Name: ALPERT, PAUL R  
Address: 1708 NE 24TH STREET  
City-St-Zip: WILTON MANORS, FL 33305

Title: SEC  
Name: MALLOY, MAEVA  
Address: 6710 NW 23 TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: PAUL R ALPERT

TREA

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date