

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90028 012 \*\*\*\*61.25

**DOCUMENT # N23444**

1. Entity Name

A CENTER FOR GROWTH, INC.



Principal Place of Business

225 NE 8TH STREET  
SUITE 3  
HOMESTEAD FL 33030

Mailing Address

225 NE 8TH STREET  
SUITE 3  
HOMESTEAD FL 33030

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

65-0017372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, KAREN  
225 NE 8TH ST, STE 3  
S3  
HOMESTEAD FL 33030

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, 2004**

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 GARCIA, ROALD O. ☐ Delete  
STREET ADDRESS 3816 MCKINLEY STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP  
NAME GARCIA, BETH ☐ Delete  
STREET ADDRESS 3816 MCKINLEY ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE SD  
NAME GARCIA, BETH ☐ Delete  
STREET ADDRESS 3816 MCKINLEY ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME WALTERS, KAREN ☐ Delete  
STREET ADDRESS 1430 NE 12TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME Walters, Karen  
STREET ADDRESS 29900 S.W. 168th Ave.  
CITY-ST-ZIP Homestead, FL 33030

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 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 all other like empowered.

SIGNATURE:

*Beth Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (954) 927-4405

Date

Daytime Phone #