2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23444



Apr 15, 2003 8:00 am § Secretary of State

FILED

A CENTER FOR GROWTH, INC.						04-	13-2003 90127 0.	39 ****01.2	2.3
Principal Place of Business 225 NE 8TH STREET SUITE 3 HOMESTEAD FL 33030		Mailing Address 225 NE 8TH STREET SUITE 3 HOMESTEAD FL 33030			; 	N 1994 BERT KERKER BERT L	1121) 3 181) 8181) 3 1	a an ah a an abaa	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City			4. FEI Number 65-0017372 Applied For Not Applicable				
Zip Country		Zip	Zip Co			5. Certificate of Status Desired S8.75 Additional Fee Required		lditional ed	
	6. Name and Address of Curren						ess of New Registere	d Agent	
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	, KAHEN BTH ST, STE 3				Street Address (P.O. Box Number is Not Acceptable)				
S3 HOMEST	TAD EL 22020			İ					
HOWE91	EAD FL 33030			City			F	Zip Cod	de
	e named entity submits this statement f tions of registered agent.	for the purpos	se of changing its	registered office of	or registere	ed agent, or both, in th	ne State of Florida. I ar	n familiar with	and accept
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applic	able. (NOTE	: Registered Agent signs	ature required	when reinstating)	DATE		
ő	FILE NOW: FEE IS \$61.25		9. Election Can Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of	
<u>e</u> a	FILE NOW: FEE IS \$61.25 OFFICERS AND D	IRECTORS				Added to Fees		artment of	State
84 97 84	OFFICERS AND DI	IRECTORS		ontribution.		Added to Fees	Florida Depa	artment of	State
10. TITLE NAME.	OFFICERS AND DI PD GARCIA, ROALD O.	IRECTORS	Trust Fund C	11. TITLE NAME	A	Added to Fees	Florida Depa	DIRECTORS IN	State
e e e e e e e e e e e e e e e e e e e	OFFICERS AND DI PD GARCIA, ROALD O. 3816 MCKINLEY STREET	IRECTORS	Trust Fund C	ontribution. 11. TITLE	A	Added to Fees	Florida Depa	DIRECTORS IN	State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD GARCIA, ROALD O. 3816 MCKINLEY STREET HOLLYWOOD FL 33021 VP GARCIA, BETH	IRECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Added to Fees	Florida Depa	DIRECTORS IN Change	State 1 10 Addition
P. C.	OFFICERS AND DI PD GARCIA, ROALD O. 3816 MCKINLEY STREET HOLLYWOOD FL 33021 VP GARCIA, BETH 3816 MCKINLEY ST	IRECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Added to Fees	Florida Depa	DIRECTORS IN Change	State 1 10 Addition
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10. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI PD GARCIA, ROALD O. 3816 MCKINLEY STREET HOLLYWOOD FL 33021 VP GARCIA, BETH 3816 MCKINLEY ST HOLLYWOOD FL 33021 SD	IRECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Added to Fees	Florida Depa	DIRECTORS IN Change	State 1 10 Addition
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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: