

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90239 043 ****61.25

00000381



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0050648
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEINRICHERT, JAMES E.
6255 STERLING RD.
DAVIE, FL 33314

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 DP ☐ Delete
NAME OWEN, LINDA J
STREET ADDRESS 6901 ORANGE DR
CITY-ST-ZIP DAVIE, FL 33314

TITLE DT ☐ Delete
NAME WALLACE, CHRIS
STREET ADDRESS 4801 S. UNIVERSITY DR. STE #253
CITY-ST-ZIP DAVIE, FL 33328

TITLE DS ☐ Delete
NAME RAO, MELINDA
STREET ADDRESS 1100 SE 3 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE D ☐ Delete
NAME STUEHRENBURG, DARRELL REV
STREET ADDRESS 7601 SW 39 ST
CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete
NAME KLEINRICHERT, JIM
STREET ADDRESS 6255 STERLING RD
CITY-ST-ZIP DAVIE, FL 33314

TITLE C ☒ Delete
NAME SCHACK, STUART
STREET ADDRESS 7972 NW 19 CT
CITY-ST-ZIP PEMBROKE PINES, FL 33024

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME SCOTT Kleiman
STREET ADDRESS 7320 Griffin Rd
CITY-ST-ZIP DAVIE, FL 33314

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

954-797-1077