

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 037 ****61.25

DOCUMENT # N24654

1. Entity Name
CREATION STUDIES INSTITUTE, INC.



Principal Place of Business
2401 W CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US

Mailing Address
2401 W CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US

50029814



03092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
1001 West Cypress Creek Road
Suite, Apt. #, etc.
200

3. Mailing Address
1001 West Cypress Creek Road
Suite, Apt. #, etc.
200

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0039668

Applied For
Not Applicable

Zip
33309

Country
Broward

Zip
33309

Country
Broward

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

6. Name and Address of Current Registered Agent

DEROSA, TOM
3847 NW 42 WAY
COCONUT CREEK, FL 33073

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 reinstating)

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 P ☐ Delete
NAME Derosa, Tom
STREET ADDRESS 3847 NW 42ND WAY
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D ☐ Delete
NAME Whitaker, Phil
STREET ADDRESS 453 W PALM AIRE DR
CITY-ST-ZIP LAKELAND, FL 33809

TITLE D ☐ Delete
NAME DIPASQUALE, JAMES
STREET ADDRESS 4980 NW 55 STREET
CITY-ST-ZIP POMPANO BEACH, FL 33073

TITLE D ☐ Delete
NAME SWORDS, COLLINS DR. M.D.
STREET ADDRESS 2017 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD, FL

TITLE T ☐ Delete
NAME TUCKER, JEFF
STREET ADDRESS 5841 NE 20 TERRACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D ☐ Delete
NAME BROWN, JIM
STREET ADDRESS 1741 NW 58 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President ☐ Change ☒ Addition
NAME Dr. D. James Kennedy
STREET ADDRESS 5555 North Federal Highway
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE Vice President ☐ Change ☒ Addition
NAME Troy A. Miller
STREET ADDRESS 6825 NW 16th Terrace
CITY-ST-ZIP Coral Springs, FL 33309

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

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:

Troy A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

(954) 334-4313

Daytime Phone #