

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32459**

1. Entity Name

KRETCHMAN MEMORIAL HOME, INC.



Principal Place of Business

C/O AINSLEE R. FERDIE  
SUITE 215, 717 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

C/O AINSLEE R. FERDIE  
SUITE 215, 717 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134



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

65-0126900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R.  
717 PONCE DE LEON BLVD.  
SUITE 215  
CORAL GABLES FL 33134

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

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 PCD ☐ Delete  
NAME KLING, WILLIAM  
STREET ADDRESS 8840 NW 13 STREET  
CITY-ST-ZIP PLANTATION FL 33322

TITLE DSVC ☐ Delete  
NAME SIMON, MARVIN  
STREET ADDRESS 2120 SW 82ND TERR. #2803  
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE T ☐ Delete  
NAME FROMMER, BERNARD  
STREET ADDRESS 9230 LAGOON PL  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE PQM ☐ Delete  
NAME TUREK, JACK  
STREET ADDRESS 264 NW 95TH AVE.  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000573455  
08/04/06-80008-010 61.25

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

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:

*Jack Turek*

8/1/06