


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N34953 1. Entity Name TEYA ALBERTANI FOUNDATION FOR INVOLVEMENT, INC.	
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Principal Place of Business 5128 BRYWILL CIRCLE SARASOTA, FL 34234 US	Mailing Address 5128 BRYWILL CIRCLE SARASOTA, FL 34234
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03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981976	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGA, DAVE
1281 TALLEVAST RD,
SARASOTA, FL 34243

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWALT, JUDITH M. 5128 BRYWILL CIRCLE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCHINS, DORIS 114 WILD HOLLY LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHHOLDER, BARRY 7501 NW 4TH STREET #112 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/05-80030-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Judi Dewalt 4/4/05 9413550611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #