

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35851 (7)

1. Corporation Name

A BETTER PLACE, INC.

Principal Place of Business

Mailing Address

426 FORESTERIA DRIVE  
LAKE PARK FL 33403426 FORESTERIA DRIVE  
LAKE PARK FL 33403-33083. Date Incorporated or Qualified  
12/21/19893a. Date of Last Report  
03/04/19964. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESSER, GARY S  
909 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURTON, WARREN	
STREET ADDRESS	426 FORESTERIA DR.	
CITY-ST-ZIP	LAKE PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TT	<input type="checkbox"/> DELETE
NAME	WELLINGTON, JENEVA	
STREET ADDRESS	426 FORESTERIA DR	
CITY-ST-ZIP	LAKE PARK FL 33403	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLE, DONNA	
STREET ADDRESS	3269 FLORIDA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PHILLIP, SHEILA	
STREET ADDRESS	815 HAWTHORNE DR	
CITY-ST-ZIP	LAKE PARK FL 33403	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAGRATH, DAVID	
STREET ADDRESS	3269 FLORIDA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039899

CR2E037 (9/96)