2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State
04-29-2005 90203 050 ****61.25

DOCUMENT # N40252

1. Entity Name
AWESOME CHASTISERS PROGRESSIVE PINOCHLE ENTERPRISE, INC.

66023227

Principal Place of Business	Mailing Address
10851 SW 222 ST GOULDS, FL 33170	10851 SW 222 ST GOULDS, FL 33170

DO NOT WRITE IN THIS SPACE

04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0484322
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, LYDIA E
10851 SW 222ND ST
GOULDS, FL 33170

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, LYDIA E
STREET ADDRESS	10851 SW 222 ST
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	TD
NAME	DE BOSE, ANDRE
STREET ADDRESS	821 NW 67TH AVE
CITY-ST-ZIP	PLANTATION, FL 33117
TITLE	SD
NAME	EVANS, WILLIAM
STREET ADDRESS	13730 JACKSON ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	BROWN, WAYNE
STREET ADDRESS	12621 SW 82 CT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VPD
NAME	CARTER, ARTHUR
STREET ADDRESS	1199 N.W. 49th STREET
CITY-ST-ZIP	MIAMI, FL. 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lydia E. Walker LYDIA E. WALKER PRESIDENT APRIL 26, 2995 (305) 255 7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #