

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90203 001 ****61.25
02-11-2004 90203 002 *****8.75

66401733



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0287695
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CREA, FLORENCE M
2765 GRIFFIN RD #3
DANIA BEACH, FL 33312

7. Name and Address of New Registered Agent

Name Sheryl Gatto
Street Address (P.O. Box Number is Not Acceptable)
4630 NW 7th Place
Deerfield Bch, FL 33442
City Deerfield Bch FL Zip Code 33442

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 Sheryl Gatto DATE 2/6/04
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, 2004

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	D	<input type="checkbox"/> Delete
NAME	DE JAMES, ROXANNE	
STREET ADDRESS	106 E HEMMINGWAY CIRCLE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOPPLE, GERI L	
STREET ADDRESS	9710 SW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, BOBBI	
STREET ADDRESS	5961 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GREENBERG, GRACE	
STREET ADDRESS	1505 M SPRING HARBOR DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Sheryl Gatto	
STREET ADDRESS	4630 NW 7th Place	
CITY-ST-ZIP	Deerfield Bch FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE 11/4/04 DAYTIME PHONE # 954-485-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR