

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90074 009 \*\*\*\*70.00

**DOCUMENT # N49580**

1. Entity Name  
**PEER CENTER, INC.**



Principal Place of Business  
**4545 NW 9TH AVENUE  
FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**4545 NW 9TH AVENUE  
FORT LAUDERDALE, FL 33309 US**

**50021242**



2. Principal Place of Business

*Same As Above*

3. Mailing Address

*Same As Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**65-0395121**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRANSEN, RUTH  
2225 NW 6 TERRACE  
FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name

*Roger O'MARA*

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

*180 NW 24 Court*

City

*Pompano Bch*

FL

Zip Code

*33064*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Roger O'Mara 2-22-05*

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **EXED** ☐ Delete  
NAME **O'MARA, ROGER**  
STREET ADDRESS **2131 NE 42 CR. #240** *New Address →*  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **C** ☐ Delete  
NAME **FRANZEN, RUTH**  
STREET ADDRESS **2225 NW 6 TERR.**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **VC** ☐ Delete  
NAME **DABANION, RONALD DR.**  
STREET ADDRESS **OCEAN VIEW RTRMNT HSE/909 NE 17 WAY**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **T** ☒ Delete  
NAME **SISKY, ALAN**  
STREET ADDRESS **111 BRINY AVE., APT. 2208**  
CITY-ST-ZIP **POMPAÑO BEACH, FL 33069**

TITLE **S** ☒ Delete  
NAME **BRANT, MARILYN**  
STREET ADDRESS **4111 NE 21 WAY, APT. 108C**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **180 NW 24 Court**  
CITY-ST-ZIP **Pompano Bch, FL 33064**

TITLE ☒ Change ☐ Addition  
NAME **She is now Secretary**  
STREET ADDRESS **Please change Title**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **He is now chairman**  
STREET ADDRESS **Please change Title**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Vice-chairman**  
STREET ADDRESS **MARK MOENING**  
CITY-ST-ZIP **10551 W Broward Blvd Apt 111**  
**Plantation FL 33324**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **John Fast**  
CITY-ST-ZIP **1691 E Classical Blvd**  
**Delray Bch 33445-1204**

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 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:

*Roger O'Mara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/23/05 954-202-7867*