

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90051 024 \*\*\*\*61.25

DOCUMENT # N51104

1. Corporation Name

ENDEAVOR GROUP HOMES, INC.

Principal Place of Business

8535 N.W. 29TH DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

ENDEAVOR GROUP HOME, INC  
8535 NW 29TH DR  
CORAL SPRINGS FL 33065  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/02/1992

4. FEI Number

65-0367966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MARTIN S. ROSENBLOOM, P.A.  
8220 STATE ROAD 84  
SUITE 302  
FORT LAUDERDALE FL 33324

Address  
change  
only

10. Name and Address of New Registered Agent

81 Name Martin S. Rosenbloom, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1133 So. University Drive  
83 Suite 211  
84 City Plantation, FL 85 Zip Code 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME POSEY, LINDA  
STREET ADDRESS 6511 N.E. 21ST WAY  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME FLADER, JANET  
STREET ADDRESS 6562 BOCA DEL MAR DR., APT. 126  
CITY-ST-ZIP BOCA RATON FL 33443

TITLE D ☐ DELETE  
NAME JONES, ANNE L  
STREET ADDRESS 6510 SW 49TH STREET  
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ DELETE  
NAME LANK, EILEEN M  
STREET ADDRESS 2733 N.E. 37TH DR  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE D ☐ DELETE  
NAME ONORATI, GARY  
STREET ADDRESS 767 SO STATE ROAD 7 (SUITE 13)  
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ DELETE  
NAME WIGAND, ROBERTA  
STREET ADDRESS 715 S.W. 14TH AVENUE, #3  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. LANK J.

4/30/99

1/954-978-6600

Date

Daytime Phone #

CR2E037 (11/98)