


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90262 016 ****61.25

DOCUMENT # N51104			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANK, WILLIAM C-JR. 2203 W. MCNAB ROAD POMPAÑO BEACH, FL 33069		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, LINDA	NAME	
STREET ADDRESS	6511 N.E. 21ST WAY	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	0 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLADER, JANET	NAME	
STREET ADDRESS	6562 BOCA DEL MAR DR., APT. 126	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33443	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ANNE L	NAME	
STREET ADDRESS	6510 SW 49TH STREET	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33314	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANK, EILEEN M	NAME	
STREET ADDRESS	2733 N.E. 37TH DR	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONORATI, GARY	NAME	
STREET ADDRESS	767 SO STATE ROAD 7 (SUITE 13)	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGAND, ROBERTA	NAME	
STREET ADDRESS	715 S.W. 14TH AVENUE, #3	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	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: <i>William C. Lank</i>		Date: 4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954-978-6600	

94073235



03182004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0367966 Applied For Not Applicable

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

FL

Please Note
change in officers
only