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**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90004 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000945**

1. Corporation Name

**M.A.D. DADS OF GREATER DELRAY BEACH, INC.**

610380 - 90004 - 32

Principal Place of Business

301 S.W. 14TH AVENUE  
DELRAY BEACH FL 33444

Mailing Address

101 S.E. 6TH AVENUE  
SUITE B  
DELRAY BEACH FL 33483



2. Principal Place of Business 21 141 SW 12th Avenue Suite, Apt. #, etc. 22 City & State 23 Delray Beach, FL Zip 24 33444 Country 25 Palm Beach		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/21/1992 4. FEI Number 65-0424874 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent

**MANNING, MICHAEL**  
101 S.E. 6TH AVENUE  
SUITE B  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	
NAME	RIDLEY, CHARLES F	1.2 NAME	
STREET ADDRESS	137 SW 12TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33444	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	WILLIAMS, AL	2.2 NAME	
STREET ADDRESS	734 E. CHATELAINE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33445	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	VPD
NAME	SHEPARD, THOMAS	3.2 NAME	Lula Butler
STREET ADDRESS	13375 CORAL WAY	3.3 STREET ADDRESS	100 NW 1st Avenue
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	SD	4.1 TITLE	
NAME	WRIGHT, MICHAEL	4.2 NAME	
STREET ADDRESS	300 WEST ATLANTIC AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33444	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	MANNING, P. MICHAEL	5.2 NAME	
STREET ADDRESS	101 S.E. 6TH AVE., STE. B	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/99 561-276-6755  
Date Daytime Phone #

CR2E037 (11/98)