2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000945

1. Entity Name
M.A.D. DADS OF GREATER DELRAY BEACH, INC.

Principal Place of Business	Mailing Address
141 SW 12TH AVE DELRAY BEACH, FL 33444	101 S.E. 6TH AVENUE SUITE B DELRAY BEACH, FL 33483

%D5.,,,,,,501D&

01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0424874
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANNING, P. MICHAEL
STREET ADDRESS	101 S.E. 6TH AVE., STE. B
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	CCD
NAME	SEYMOUR, RICK
STREET ADDRESS	1000 N DIXIE HWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CCD
NAME	MCCOLLOM, MAJOR WILL
STREET ADDRESS	300 W ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000041638
02/09/04-80098-001 61.25

DO NOT WRITE IN THIS SPACE

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR