

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000100

1. Entity Name
GOLDEN GLOVES CHARITIES OF SOUTH FLORIDA, INC.



Principal Place of Business
**6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 33433-7835**

Mailing Address
**6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 33433-7835**



02072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0380854	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STREISAND, MARK
6215 OLD COURT ROAD
SUITE 504
BOCA RATON, FL 33433-7835**

**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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREISAND, MARK 6215 OLD COURT ROAD, SUITE 504 BOCA RATON, FL 334337835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESENT, STEVE 9655 S DIXIE HWY #104 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRENECHE, SANDRA 5879 NW 25 CT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80011-001 70.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05
Date

561 542 1331
Daytime Phone #