

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001126**

1. Entity Name  
**FLORIDA DECA ASSOCIATION & FOUNDATION, INC. -  
DELTA EPSILON CHI DIVISION**



Principal Place of Business  
**10790 NW 14TH ST.  
#180  
PLANTATION, FL 33322**

Mailing Address  
**10790 NW 14TH ST.  
#180  
PLANTATION, FL 33322**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7079474**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSE, JACK J  
10790 NW 14TH ST.  
#180  
PLANTATION, FL 33322**

**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 title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	DP ROSE, JACK J. 10790 NW 14TH ST., SUITE 180 PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOANNE, LEONI DR 1701 NE 127 STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHEEKS, JACK DR 3501 S.W. DAVIE ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKER, PAUL 1000 COCONUT CREEK BLVD POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000384167  
01/17/06-80001-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DATE

Daytime Phone #