

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000002278

1. Entity Name

MALTA PROJECTS OF SOUTHEASTERN FLORIDA, INC.



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

Principal Place of Business

13662 DEERING BAY DRIVE
CORAL GABLES FL 33158

Mailing Address

13662 DEERING BAY DRIVE
CORAL GABLES FL 33158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0416447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNEY, THOMAS F JR
1101 N. CONGRESS AVENUE
SUITE 200
BOYNTON BEACH FL 33426

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

T
TITLE NAME
SMITH, HERSEL F JR.
STREET ADDRESS
24 DOCKSIDE LN # 452
CITY- ST- ZIP
KEY LARGO FL 33037 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000222645
02/10/05-80008-023 61.25

S
TITLE NAME
CARNEY, ALICE
STREET ADDRESS
1033 WATERWAY LANE
CITY- ST- ZIP
DELRAY BEACH FL 33483 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

D
TITLE NAME
FLOOD, THOMAS J
STREET ADDRESS
17 NURMI DR
CITY- ST- ZIP
FORT LAUDERDALE FL 33301 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

AS
TITLE NAME
CARNEY, THOMAS F JR.
STREET ADDRESS
811 GEORGE BUSH BLVD
CITY- ST- ZIP
DELRAY BEACH FL 33483 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

D
TITLE NAME
FLOOD, SARA
STREET ADDRESS
17 NURMI DR
CITY- ST- ZIP
FORT LAUDERDALE FL 33301 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

P
TITLE NAME
CRIPPEN, FRANK
STREET ADDRESS
13662 DEERING BAY DRIVE
CITY- ST- ZIP
CORAL GABLES FL 33158 ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

Frank Crippen Frank Crippen

2/5/05

305 2381042

Daytime Phone #