

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

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002370

1. Entity Name

ATHENA DAAT FOUNDATION, INC.



Principal Place of Business _____ Mailing Address _____
9999 COLLINS AVENUE _____ 9999 COLLINS AVENUE _____
UNIT 5G _____ UNIT 5G _____
BAL HARBOUR FL 33154 _____ BAL HARBOUR FL 33154 _____

2. Principal Place of Business _____ 3. Mailing Address _____

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ City & State _____

Zip _____ Country _____ Zip _____ Country _____



1st MCORE CR2E037 (10/04)

4. FEI Number 65-0444675 Applied For _____
Not Applicable _____

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

6. Name and Address of Current Registered Agent

FRYD, JONATHAN
523 MICHIGAN AVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

TITLE _____ ☐ Delete
NAME FRYD, CAROL
STREET ADDRESS 9999 COLLINS AVENUE
CITY- ST- ZIP BAL HARBOUR FL 33154

TITLE _____ ☐ Delete
NAME SCHECHTER, CAROLINE F
STREET ADDRESS 523 MICHIGAN AVENUE
CITY- ST- ZIP MIAMI BEACH FL 33139

TITLE _____ ☐ Delete
NAME TOMMANEY, JAMES
STREET ADDRESS 2811 SOMERSET DRIVE #104
CITY- ST- ZIP LAUDERDALE LAKES FL 33311

TITLE _____ ☐ Delete
NAME FRYD, JONATHAN E
STREET ADDRESS 523 MICHIGAN AVENUE
CITY- ST- ZIP MIAMI BEACH FL 33139

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY- ST- ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS U000000216111
CITY- ST- ZIP 02/05/05-80035-016 61.25

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

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

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

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

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

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: _____

Carol Fryd

CAROL FRYD

1/29/05

3056732948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #