

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90065 031 ****61.25

44013040



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0604707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORE, ST. JOHN P.A.
1601 FORUM PLACE, SUITE 701
WEST PALM BEACH, FL 33401

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

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE PD ☒ Delete
NAME LEWIS, JEROME
STREET ADDRESS 4518 HAZLETON
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D ☐ Delete
NAME LYNN, NORMAN
STREET ADDRESS 4486 HAZLETON LN.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VPD ☒ Delete
NAME RAM, ELLEN
STREET ADDRESS 4577 HAZLETON LN.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D ☐ Delete
NAME ALVIN, KALISH
STREET ADDRESS 4570 HAZLETON LN.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME mestel, Zelig
STREET ADDRESS 4598 Hazleton Ln.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE PD ☐ Change ☒ Addition
NAME Zuckerman, Karl
STREET ADDRESS 4485 Hazleton Ln.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE VPD ☒ Change ☐ Addition
NAME Rau, Ellen
STREET ADDRESS 4577 Hazleton Ln.
CITY-ST-ZIP Lake Worth, FL 33467

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04 361-641-8554

Date

Daytime Phone #