

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001760

1. Entity Name
AMERICAN BOUGAINVILLEA SOCIETY, INC.



Principal Place of Business
3812 S.W. 48TH AVENUE
PEMBROKE PARK, FL 33023

Mailing Address
3812 S.W. 48TH AVENUE
PEMBROKE PARK, FL 33023



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0195183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, JOHN J
3812 S.W. 48TH AVENUE
PEMBROKE PARK, FL 33023

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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)

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

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

05/04/04-80052-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARRETT, KEVIN
STREET ADDRESS	8200 NW 16TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	LUCAS, JOHN J
STREET ADDRESS	3812 SW 48TH AVE.
CITY-ST-ZIP	PEMBROKE PARK, FL 33023
TITLE	D
NAME	VASELL, ERROL G
STREET ADDRESS	3445 NW 205TH STREET
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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

JOHN J. LUCAS

4/28/04

954-989-7617