


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003574	
1. Entity Name SPAULDING'S INTAKE AND REFERRAL AGENCY INC.	

Principal Place of Business 4426 INVERRARY BLVD LAUDERHILL, FL 33319 US	Mailing Address 4426 INVERRARY BLVD LAUDERHILL, FL 33319 US
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0598953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURRELL, VENETA 3301 S TURF RD MIRAMAR, FL 33025
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D EDNL, CELIA 921 SERVILLA CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DYLEY, ANTHONY 8688 NW 27TH STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, BARRINGTON 4040 NW 47 TERR LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EDWARDS, CARL 4444 INVERRARY BLVD LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, AVE 8960 SHADOW WOOD BLVD CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, BARRINGTON 4040 NW 47TH TERRACE LAUDERDALE LAKES, FL 33319

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04/11/05-80098-005 70.00

**DO NOT WRITE
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)(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: *J. Burrell MSW*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05
Date Daytime Phone #