
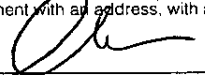


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90048 030 ****61.25

DOCUMENT # N95000005149					
1. Entity Name TOGETHER AGAINST GANGS, INC.					
Principal Place of Business 301 YAMATO ROAD STE 4150 BOCA RATON, FL 33431 US			Mailing Address 301 YAMATO ROAD STE 4150 BOCA RATON, FL 33431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0613512	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SACHS, PETER S ESQ. SACHS & SAX, P.A. 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VCD NAME MCCARTY, MARY STREET ADDRESS 301 OLIVE AVE CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME KLEIN, RON STREET ADDRESS 9070 KIMBERLY BLVD CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GERONEMUS, LEONARD A STREET ADDRESS 2505 NW BOCA RATON BV STE 202 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JOHNSON, ART STREET ADDRESS 2900 N.E. 6 DRIVE CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SCHWARTZ, WILLIAM N. WILLARD STREET ADDRESS 3863 LIVE OAK BLVD CITY-ST-ZIP DEL RAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KRISCHER, BARRY STREET ADDRESS 401 NORTH DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE C NAME LEONARD TURESKY STREET ADDRESS 902 CLINT MOORE RD. #132 CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  Leonard A. Geronemus, Treas. 1/29/04 5612411040					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					