

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

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002383

1. Entity Name
DEERFIELD PROGRESSIVE FORUM, INC.



Principal Place of Business
**NEWPORT H 2026
DEERFIELD BEACH, FL 33442**

Mailing Address
**NEWPORT H 2026
DEERFIELD BEACH, FL 33442**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0713349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRASNOFF, NATHAN
NEWPORT H 2026
DEERFIELD BEACH, FL 33442**

**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 _____

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**

000000065065
02/25/04-80022-009 66.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KRASNOFF, NATHAN
NEWPORT H 2026
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TANENBAUM, SOL
OAKRIDGE D 2027
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LANDY, EDWARD
OAKRIDGE D 3022
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SILVER, ANN
NEWPORT L 185
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLANK, ANN
CAMBRIDGE D 1070
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JARMARK, RHONDA
ISLEWOOD D 3015
DEERFIELD BEACH, FL 33442**

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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: Nathan Krassoff **NATHAN KRASNOFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 954 427-8800

Date

Daytime Phone #