

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90088 011 \*\*\*\*61.25

<b>DOCUMENT # N96000002383</b>					
<b>1. Entity Name</b> DEERFIELD PROGRESSIVE FORUM, INC.					
<b>Principal Place of Business</b> NEWPORT H 2026 DEERFIELD BEACH, FL 33442			<b>Mailing Address</b> NEWPORT H 2026 DEERFIELD BEACH, FL 33442		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO BOX 4951			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DEERFIELD BEACH, FL 33442		<b>4. FEI Number</b> 65-0713349	
Zip		Country BROWARD		Zip BROWARD	
<b>6. Name and Address of Current Registered Agent</b> KRASNOFF, NATHAN NEWPORT H 2026 DEERFIELD BEACH, FL 33442					
<b>7. Name and Address of New Registered Agent</b>					
Name: <u>IRVING HOROWITZ</u>					
Street Address (P.O. Box Number is Not Acceptable): <u>88 PRESCOTT D</u>					
City: <u>DEERFIELD BEACH</u> <u>FL</u> Zip Code: <u>33342</u>					
<b>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.</b>					
SIGNATURE: <u>Irving Horowitz</u> DATE: <u>3/11/06</u>					
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> DT	<b>NAME</b> KRASNOFF, NATHAN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> IRVING HOROWITZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 88 PRESCOTT D
<b>STREET ADDRESS</b> NEWPORT H 2026	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> DEERFIELD BEACH FL 33342	<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33342	
<b>TITLE</b> DP	<b>NAME</b> TANENBAUM, SOL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> MURRAY LEVIN
<b>STREET ADDRESS</b> OAKRIDGE D 2027	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> 7515 FAIRFAX DR.	<b>CITY-ST-ZIP</b> TAMARAC, FLA. 33321	
<b>TITLE</b> DV	<b>NAME</b> LANDY, EDWARD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> OAKRIDGE D 3022	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> DS	<b>NAME</b> SILVER, ANN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> NEWPORT L 185	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D S	<b>NAME</b> BLANK, ANN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> CAMBRIDGE D 1070	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D V	<b>NAME</b> LANDY, MURIEL	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> OAKRIDGE D 3022	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <u>Murray Levin</u> <b>MURRAY LEVIN</b> DATE: <u>3/11/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone: <u>954-790-7417</u>					