2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003376

1. Entity Name
HURRICANE CHAPTER OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BOULEVARD SUITE 100 CORAL GABLES, FL 33134	1000 PONCE DE LEON BOULEVARD SUITE 100 CORAL GABLES, FL 33134

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01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0821107

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, JOSE E
1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES, FL 33134

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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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CHAFFIN, DEBRA
STREET ADDRESS	8375 SW 5TH AVE ATP 107
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D
NAME	MORALES, JOSE E
STREET ADDRESS	1000 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	TRUTT, SANDRA
STREET ADDRESS	210 NW 77 WAY
CITY-ST-ZIP	PEMBROOK PINES, FL 33024
TITLE	D
NAME	PERRY, EILEEN
STREET ADDRESS	227 E. SAN MARINO DR
CITY-ST-ZIP	MB, FL 33139
TITLE	PD
NAME	STALLINGS, JOHNNY
STREET ADDRESS	241 NE 23 CT
CITY-ST-ZIP	POMPANO BCH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80034-010 61.25

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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: _____ 4/14/04 954-981-2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #