

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90044 006 ****61.25

DOCUMENT # N96000003376

1. Entity Name

HURRICANE CHAPTER OF SOUTH FLORIDA, INC.



Principal Place of Business

1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134

Mailing Address

1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

TRUTT, SANDRA

Street Address (P.O. Box Number is Not Acceptable)

210 NW 77th Way

City

Pembroke Pines

FL

Zip Code

33024

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

Sandra Trutt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/5/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MORALES, JOSE E
STREET ADDRESS 1000 PONCE DE LEON BOULEVARD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☐ Delete
NAME TRUTT, SANDRA
STREET ADDRESS 210 NW 77 WAY
CITY-ST-ZIP PEMBROOK PINES FL 33024

TITLE D ☐ Delete
NAME PERRY, EILEEN
STREET ADDRESS 227 E. SAN MARINO DR
CITY-ST-ZIP MB FL 33139

TITLE PD ☐ Delete
NAME STALLINGS, JOHNNY
STREET ADDRESS 241 NE 23 CT
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Sandra Trutt

3/9/06