

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

FILED

**Aug 11, 2004 08:00
Secretary of State**

DOCUMENT # N96000004290

1. Entity Name

A FAMILY AFFAIR BY JESSIE, INC.



Principal Place of Business

3301 NW 23RD ST
LAUDERDALE LKS., FL 33311

Mailing Address

3301 NW 23RD ST
LAUDERDALE LKS., FL 33311



08022004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0695135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, MARYE
3301 NW 23RD ST
LAUDERHILL, FL 33311

**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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4.11

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000169856
08/11/04-80001-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D/V
NAME	MCLEMORE, JOANN
STREET ADDRESS	2531 NW 11 ST
CITY- ST- ZIP	POMPANO BEACH, FL
TITLE	DS
NAME	SHELTON, TAAS
STREET ADDRESS	2475 NUGGET LANE
CITY- ST- ZIP	TALLAHASSEE, FL 32303
TITLE	DT
NAME	CUMMINGS, JENNIFER
STREET ADDRESS	1741 NW 27TH TER
CITY- ST- ZIP	FT LAUDERDALE, FL 33311
TITLE	DS
NAME	MATTHEWS, DOROTHY
STREET ADDRESS	4940 NW 18 STREET
CITY- ST- ZIP	FORT LAUDERDALE, FL 33313
TITLE	PDC
NAME	SHELTON, MARYE
STREET ADDRESS	3301 NW 23 ST
CITY- ST- ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	CLESTER, MATTHEWS
STREET ADDRESS	4940 NW 18 STREET
CITY- ST- ZIP	LAUDERHILL, FL 33311

U00000169856
08/11/04-80001-025 61.25

**DO NOT WRITE
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:

Marye Shelton Marye Shelton

7/28/04

954.327.5993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #