


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # N96000005148</b>   |   |    |  |
| 1. Entity Name<br><b>THE FAMILY BUILDERS FOUNDATION, INC.</b>  |   |   |  |
| Principal Place of Business<br><b>C/O REYNALD POULIOT, MD<br/>265B COMMERCIAL BLVD.<br/>LAUDERDALE BY THE SEA FL 33308</b>   |   | Mailing Address<br><b>C/O REYNALD POULIOT, MD<br/>265B COMMERCIAL BLVD.<br/>LAUDERDALE BY THE SEA FL 33308</b>                          |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country   | Zip   | Country  |
| 6. Name and Address of Current Registered Agent<br><br><b>POULIOT, REYNALD<br/>265 B COMMERCIAL BLVD<br/>FORT LAUDERDALE FL 33308</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                       |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees               |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | CP<br>POULIOT, REYNALD M<br>3100 N. OCEAN BLVD. #1608<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000224408<br/>02/10/05-80086-003 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VD<br>STALIONS, WILLIAM C<br>4200 SW 54TH COURT<br>FORT LAUDERDALE FL 33314 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | SD<br>POULIOT, MARCO<br>167 SW 3RD ST<br>POMPANO FL <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>BRATT, IRVING M M<br>1555 E OAKLAND PARK BLVD<br>OAKLAND PARK FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>COBO, SYLVIA<br>12 CASTLE HARBOR ISLE DR<br>FT LAUDERDALE FL <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>ELMORE, WILLIAM E<br>100 NE 3RD AVE, STE 500<br>FT LAUDERDALE FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For  
☐ Not Applicable

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Reynald Pouliot* 2/8/05