

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

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90042 035 \*\*\*\*61.25

DOCUMENT # N96000005741

1. Entity Name

DELRAY CENTRAL HOUSE GROUP, INC.



Principal Place of Business

3667 S FEDERAL HWY  
BONYTON BEACH FL 33483  
US

Mailing Address

108 SE 31ST AVE  
BOYNTON BEACH FL 33435  
US

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 (10/04)

4. FEI Number

65-0708528

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

RAYMOND, PERRO J *Perro*  
108 SE 31ST AVE  
BOYNTON BEACH FL 33435

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROULEAU, HENRY	
STREET ADDRESS	24 FAIRWORTH DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEAUN, JUDI	
STREET ADDRESS	8200 LAKES DR	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHILLING, ARTHUR	
STREET ADDRESS	818 CHUKKER RD	
CITY-ST-ZIP	DELRAY BEACH FL 33486-3	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARRACHER, KATHLEEN	
STREET ADDRESS	2805 SW 22ND AVE #102	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCHORY, RICHARD M	
STREET ADDRESS	1103 TUSCANY WAY	
CITY-ST-ZIP	BONYTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judi Carson	
STREET ADDRESS	8559 Duddess Ct. West	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Porteiger	
STREET ADDRESS	3667 S. Federal Highway	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Wineman	
STREET ADDRESS	155 Dotted Road #1-511	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa Google	
STREET ADDRESS	2401 NW 20th Ave.	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beula Ewing	
STREET ADDRESS	135 SW 3rd Ave. #49	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Judi Carson, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05 561-369-8911