


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N96000005853</b>	
1. Entity Name SOUTH FLORIDA ANNENBERG CHALLENGE, INC.	

Principal Place of Business 3520 S UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328	Mailing Address 3520 S UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328
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DO NOT WRITE IN THIS SPACE



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0720741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROBBINS, MICHAEL J 222 SE 10TH ST FORT LAUDERDALE, FL 33316
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIFTIN, ELAINE 16705 SAPPHIRE SPRINGS FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COBB, CHARLES E JR 2333 PONCE DE LEON BLVD PH 1100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VIROSTEK, GWYNN 2601 10TH AVE N LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SAIONTZ, STEVE 760 NW 107TH AVE STE 300 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FOOTE, EDWARD T II 1500 MONZA AVE, STE 230 CORAL GABLES, FL 33124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUMMELL, PETER S 1650 PRUDENTIAL DRIVE STE 400 JACKSONVILLE, FL 32207

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02/10/05-80070-021 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)(f), 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: *Elaine Liftin* 2/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_