

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90392 043 \*\*\*\*61.25

**DOCUMENT # N97000000595**

1. Entity Name

**SOUTHFLORIDA PEOPLE INVOLVED IN CONSENSUAL  
ENDEAVORS, INC.**



Principal Place of Business

**2217 CYPRESS ISLAND DR  
#506  
POMPANO BEACH FL 33069**

Mailing Address

**P O BOX 451837  
SUNRISE FL 33345**

2. Principal Place of Business

**4441 NE 16TH TERRACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE, FL**

City & State

4. FEI Number

**65-0724847**

Applied For

Not Applicable

Zip

**33334**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OAKMAN, WILLIAM EDWARD  
2217 CYPRESS ISLAND DRIVE  
#506  
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **WILLIAM EDWARD OAKMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**4441 NE 16TH TERRACE**

City **FORT LAUDERDALE FL** Zip Code **33334**

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: *William E Oakman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/13/04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **DP** ☐ Delete  
NAME **OAKMAN, WILLIAM EDWARD**  
STREET ADDRESS **2217 CYPRESS ISLAND DR #506**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DT** ☐ Delete  
NAME **DEWITT, CLARISSA P**  
STREET ADDRESS **16186 75TH AVE N**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **DS** ☐ Delete  
NAME **LOPEZ, CESAR**  
STREET ADDRESS **PO BOX 144257**  
CITY-ST-ZIP **CORAL GABLES FL 33114**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition  
NAME **WILLIAM EDWARD OAKMAN**  
STREET ADDRESS **4441 NE 16TH TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

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

TITLE ☐ Change ☐ Addition  
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 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: *William E Oakman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/04* *954-658-0341*

Date

Daytime Phone #