

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000595

FILED
Apr 19, 2009
Secretary of State

Entity Name: SOUTHFLORIDA PEOPLE INVOLVED IN CONSENSUAL ENDEAVORS, INC.

Current Principal Place of Business:

5309 NW 1 WAY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P O BOX 451837
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-0724847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKAR, IRENE
5309 NW 1 WAY
POMPANO BEACH,, FL 33064 US

Name and Address of New Registered Agent:

DEEN, IRENE
5309 NW 1 WAY
POMPANO BEACH,, FL 33064 US

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.

SIGNATURE: IRENE DEEN

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: D'ORIA, LORENZO G
Address: 483 NW 17 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: MACPHEE, ANDREW C
Address: 4025 N FEDERAL HWY. # 313A
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S () Delete
Name: SMITH, ROBERT
Address: 4881 SW 43 TERR
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACPHEE, ANDREW C
Address: 4025 N FEDERAL HWY, APT 313A
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T (X) Change () Addition
Name: DEEN, IRENE
Address: 5309 NW 1 WAY
City-St-Zip: POMPANO BEACH, FL 33064

Title: S (X) Change () Addition
Name: ANDRUS, HEIDI
Address: 1712 NE 16 AVE
City-St-Zip: FT. LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW C. MACPHEE

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date