

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 016 ****61.25

40058761



02262007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0770856** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F. CPA
7777 GLADES RD
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 type="checkbox"/> Delete
NAME	THOMAS, ANDRA LEE	
STREET ADDRESS	1541 SW 55 AVE	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAHONEY, ROBERT F	
STREET ADDRESS	3801 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	QUINN, NORMAN	
STREET ADDRESS	12290 NW 20T CT	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHERS, KATHLEEN	
STREET ADDRESS	660 NE 125 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MICHAEL	
STREET ADDRESS	660 NE 125 ST.	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, GERMANY	
STREET ADDRESS	600 NE 125 ST	
CITY-ST-ZIP	MIAMI, FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRA LEE THOMAS 3/17/07
Daytime Phone #