

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

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004732**

1. Entity Name

B.C. INSPIRATION, INC.



Principal Place of Business

Mailing Address

5014 SW 23RD ST  
HOLLYWOOD FL 33023

5014 SW 23RD ST  
HOLLYWOOD FL 33023

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

65-0852555

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

MOSS, ELISHA JR  
5014 SW 23RD ST  
HOLLYWOOD FL 33023

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MOSS, JR, ELISHA  
STREET ADDRESS 5014 SW 23RD ST  
CITY- ST- ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SAMPSON, HATTIE  
STREET ADDRESS 5832 WILEY ST.  
CITY- ST- ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MCFARLAND, JOHNNIE  
STREET ADDRESS 2920 N.W. 40TH AVE.  
CITY- ST- ZIP FT. LAUDERDALE FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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:** *Elisha Moss Jr.* **Elisha Moss Jr.** 2/15/05 954/961-0109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #