

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N98000005148**

1. Entity Name  
**SOUTHEAST FLORIDA PRESERVATION, INC.**



Principal Place of Business  
**231 S.W. 2ND AVENUE  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**231 S.W. 2ND AVENUE  
FORT LAUDERDALE, FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**47-0425946**

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

**DEARBORN, BONNIE B  
231 S.W. 2ND AVENUE  
FORT LAUDERDALE, FL 33301**

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 reappointing)

DATE

**Filing 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 **C** ☐ Delete  
NAME **ALFORD, JANET M**  
STREET ADDRESS **350 US HWY 1**  
CITY-STATE-ZIP **VERO BEACH, FL 32962**

TITLE **D** ☐ Change ☒ Addition  
NAME **David C. Hilston**  
STREET ADDRESS **326 West Marion Avenue**  
CITY-STATE-ZIP **Punta Gorda, FL 33950**

TITLE **VC** ☒ Delete  
NAME **MURPHY, JANET G**  
STREET ADDRESS **218 ALMERIA ROAD**  
CITY-STATE-ZIP **WEST PALM BEACH, FL 33405**

TITLE **D** ☐ Change ☒ Addition  
NAME **Becky Roper Matkov**  
STREET ADDRESS **12881 SW 63rd Court**  
CITY-STATE-ZIP **Miami, FL 33156**

TITLE **D** ☐ Delete  
NAME **ECK, CHRISTOPHER R**  
STREET ADDRESS **151 S.W. 2ND STREET**  
CITY-STATE-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Change ☒ Addition  
NAME **Julie Craichy Wilkins**  
STREET ADDRESS **41 Hampton Avenue**  
CITY-STATE-ZIP **LaBelle, FL 33935**

TITLE **D** ☐ Delete  
NAME **CARR, ROBERT**  
STREET ADDRESS **2932 MYRTLE OAK CIRCLE**  
CITY-STATE-ZIP **DAVIE, FL 33328**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ruth Davis**  
STREET ADDRESS **1981 U.S. 27, S**  
CITY-STATE-ZIP **Sebring, FL 33870-4925**

TITLE **D** ☐ Delete  
NAME **DUNCAN, SUSAN**  
STREET ADDRESS **8206 SOUTH EAST PALM STREET**  
CITY-STATE-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☐ Change ☒ Addition  
NAME **Shawn Henderson**  
STREET ADDRESS **1629 SW 28th Street**  
CITY-STATE-ZIP **Okeechobee, FL 34974**

TITLE **D** ☐ Delete  
NAME **HABER, MERLE**  
STREET ADDRESS **730 COQUINA CT.**  
CITY-STATE-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sonja Mattson Gates**  
STREET ADDRESS **711 S. Indian River Drive**  
CITY-STATE-ZIP **Ft. Pierce, FL 34950**

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:**

*Janet M. Alford*

*4/18/05*

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

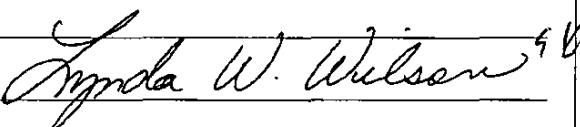
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2005 Not-For-Profit Corporation Annual Report - Continuation**

10.	11.	
	TITLE NAME ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Herb Ellis 6311 Oleander Avenue Fort Pierce, FL 34982

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 05/05/2005		S-W/Agency Voucher No. <b>D50-0065-8867</b> <b>004822</b> @	
OLO 450000		JT-2					
DEPARTMENT DEPARTMENT OF STATE							
SITE DEPARTMENT OF STATE							
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE					INCREASE AMOUNT	INCREASE AMOUNT	
45101000132-4520070000-04000000		4990			61.25		
GENERAL REVENUE FUND							
EXPENSES							
INV: 000005148	61.25						
45101000132-4530010000-00010000						61.25	
GENERAL REVENUE FUND							
FEES							
TRANSACTION TYPE: JOURNAL ADVICE				TOTAL		TOTAL	
				61.25		61.25	
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.				For State Comptroller's Use Only			
APPROVED: 				Time In			
TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES						Audited By	