


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000882</b> 1. Entity Name SOUTH FLORIDA CHAPTER, INCORPORATED. BPA	
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Principal Place of Business 15800 NORTHWEST 42 AVE. MIAMI, FL 33054	Mailing Address PO BOX 552134 MIAMI, FL 33055
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**DO NOT WRITE IN THIS SPACE**



07272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0890987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  THOMAS, MARK 12905 NE 12 AVENUE N MIAMI, FL 33161	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Mark Thomas (NOTE: Registered Agent signature required when reinstating) DATE 07-27-04

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO THOMAS, MARK 12905 NE 12 AVE N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SINGLETARY, CARLENTINE 8850 NW 3 STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHANNON, FRENCH 2340 NW 72 AVENUE #206 SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, ARTHEMON 2412 NW 108 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000169215  
08/02/04-80015-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: French Shannon DATE 07-27-04 (954) 492-3721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR