

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001462

1. Entity Name
ELN CONSULTANTS & ASSOCIATES, INC.



Principal Place of Business
**960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**



04192006 No Chg-NP CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900836

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RANDLE-THOMPSON, ELLA
960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 retitling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
RANDLE-THOMPSON, ELLA
960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
AVANT, DEBRA L
960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
RANDLE-DURANT, NANCY
960 N.E. 152ND STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000524885
05/04/06-80001-018 61.25

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IN THIS SPACE**

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:

Ellen Randle-Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (856) 317-7411
Date Daytime Phone #