

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
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



03132007 No Chg-NP CR2E037 (4/06)

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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

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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 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANDLE-THOMPSON, ELLA
STREET ADDRESS	960 N.E. 152ND STREET
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	T
NAME	AVANT, DEBRA L
STREET ADDRESS	960 N.E. 152ND STREET
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	T
NAME	RANDLE-DURANT, NANCY
STREET ADDRESS	960 N.E. 152ND STREET
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/25/07-80067-017 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (786) 317-7411
Date Daytime Phone #