

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

[Handwritten Signature]

FILED

05 MAY -2 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1021406

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD STE 110
DEERFIELD BEACH, FL 33442

**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 reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARNACH, ELIZABETH
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	KNIGHT, JESSE
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	SILVER-REED, SHERRY
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	GANSBURG, RABBI JOSSI
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(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: Elizabeth Farnach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

Daytime Phone #