

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 048 ****61.25

DOCUMENT # N99000004811

1. Entity Name
DIGNITY / FT. LAUDERDALE, INC.



Principal Place of Business
**740 SOUTH FEDERAL HWY
APT 609
POMPANO BEACH, FL 33062**

Mailing Address
**PO BOX 22884
FORT LAUDERDALE, FL 33335**

00043203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0952632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent

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 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **COLON, CARLOS**
STREET ADDRESS **1029 NW 1ST AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **TD** ☒ Delete
NAME **CAPUTO, NICK**
STREET ADDRESS **1421 S OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **PD** ☒ Delete
NAME **OULLEN, GEORGE**
STREET ADDRESS **633 KENSINGTON PL.**
CITY-ST-ZIP **MILTON MANORS, FL 33305**

TITLE **DS** ☒ Delete
NAME **BERGMAN, THOMAS**
STREET ADDRESS **11274 TAFT ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Victor Yorio**
STREET ADDRESS **3300 N state Rd 7**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE **V** ☐ Change ☒ Addition
NAME **Richard Rogers**
STREET ADDRESS **3000 East Sunrise Blvd**
CITY-ST-ZIP **Ft Lauderdale FL 33304**

TITLE **T** ☐ Change ☒ Addition
NAME **MARY SULLIVAN**
STREET ADDRESS **3000 East Sunrise Blvd**
CITY-ST-ZIP **Ft Lauderdale FL 33304**

TITLE **S** ☐ Change ☒ Addition
NAME **William Petzing**
STREET ADDRESS **3000 East Sunrise Blvd**
CITY-ST-ZIP **Ft Lauderdale FL 33304**

TITLE **D** ☐ Change ☒ Addition
NAME **Nick Caputo**
STREET ADDRESS **1421 S Ocean Blvd**
CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE **D** ☐ Change ☒ Addition
NAME **Charles Smith**
STREET ADDRESS **3300 N state Rd 7**
CITY-ST-ZIP **Hollywood FL 33021**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Sullivan **MARY SULLIVAN** **4-15-05** **954 463 4528**