

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 028 ****61.25

DOCUMENT # N99000004815

1. Entity Name
STRIVE TOWARD EXCELLENCE INC.



Principal Place of Business
**241 CYPRESS DRIVE
LAKE PARK, FL 33403**

Mailing Address
**241 CYPRESS DRIVE
LAKE PARK, FL 33403**

54066273



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0956897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPEER, PAM
502 SANDTREE DR.
WEST PALM BEACH, FL 33403**

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 renewing)

DATE

**Filing Fee is \$81.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEOPARD, GARY
241 CYPRESS DRIVE
LAKE PARK, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINDSKOOG, JEFFREY
700 8TH STREET
LAKE PARK, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, SANDY
5551 HIGH FLYER RD. N.
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**1440 VILLA JUNO DR. SOUTH
JUNO BEACH FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOGIANNIS, ANASTASIA
208 CLERMONT LANE
PALM BEACH SHORES, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, JACKIE
8886 SE MAY TERR
HOBE SOUND, FL 33455** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PINDER, FRANKIE
1081 BEDFORD AVE
PALM BEACH GARDENS, FL 33403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
1081 BEDFORD AV

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 reports 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 817, 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 #

[Signature] **GARY LEOPARD**

7/29/2004

(561) 863 6730