

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-25-2005 90107 040 ****61.25

20065461



DOCUMENT # N99000005126 1. Entity Name HOLLYWOOD CHALLENGERS SPORTS & ARTS CLUB, INC.					
Principal Place of Business WATERFORD PARK 5461 LANCELOT LANE DAVIE, FL 33331				Mailing Address WATERFORD PARK 5461 LANCELOT LANE DAVIE, FL 33331	
2. Principal Place of Business WATERFORD PARK		3. Mailing Address JOSE VADAPARAMPIL			
Suite, Apt. #, etc. 5341 QUEEN LAKE TER		Suite, Apt. #, etc. 5341 QUEEN LAKE TER			
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 65-0945892	
Zip 33331		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 OUSEPH, JOSE 5461 LANCELOT LANE DAVIE, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BABU CHACKO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15845 Coeswood Ct DAVIE FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARGHESE, JOSEPH 15655 CHILLINGSWORTH CT DAVIE, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBY KALLADANTHIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9863 NW 26th PL SUNRISE FL - 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGHESE, JACOB 5957 SW 114 AVE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE VADAPARAMPIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5341 QUEEN LAKE TER DAVIE FL - 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, PHILIP 5463 SW 101 TER COOPER CITY, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN PHILIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5463 SW 104 TERR COOPER CITY 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEMPALA, MATHAI 5740 BRIARWOOD WAY DAVIE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, BARB 12564 67TH ST. N. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barb Kurian</i>			07/23/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		