

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N99000007303

1. Entity Name  
THE KIRK A. COPANOS MEMORIAL FOUNDATION, INC.



Principal Place of Business  
700 N.E. 7TH AVENUE, UNIT #4  
FORT LAUDERDALE, FL 33304

Mailing Address  
5317 NW 35TH TERRACE  
FORT LAUDERDALE, FL 33309

FL 70  
05 SEP 14 AM 11:12  
SEC. STATE  
TALLAHASSEE, FLORIDA



08112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0966744

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, W. RODGERS PA  
2424 NORTH FEDERAL HIGHWAY  
SUITE 160  
BOCA RATON, FL 33431

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REMYNTO, WESLEY  
P.O. BOX 6007  
ST JOSEPHS, MD 64506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEHBURN, ANTON MD  
6033 HOLLINS AVENUE  
BALTIMORE, MD 21212

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COPANOS, JOHN D  
700 NE 7TH AVE, UNIT 4  
FORT LAUDERDALE, FL 33304  
*1800 South Ocean Blvd  
Manalapan, FL 33462*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000059739790  
09/19/05--01039--018 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 #

*John D. Copanos*  
Director

*9/06/05*

*561 588 7108*