FILED
May 13, 2005 8:00 am
Secretary of State
05-13-2005 90229 024 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000077275

1. Entity Name
CORE STRATEGIES FOR NONPROFITS, INC.

Principal Place of Business	Mailing Address
4310 SHERIDAN ~~STREET, #~~202 ~~HOLLYWOOD, FL~~ 33021	4310 SHERIDAN STREET, #202 HOLLYWOOD, FL 33021

PO Box 630745 Miami, FL 33163

50052510

04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0099680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, ANDRE S
4310 SHERIDAN STREET, #202
HOLLYWOOD, FL 33021

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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 individual & capacity where applicable) (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	PO Box 630745
NAME	TEMKIN, TERRIE	Miami, FL 33163
STREET ADDRESS	~~4850~~ N 31ST COURT	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	PO Box 630745
NAME	PERLMAN, ROBYN	Miami, FL 33163
STREET ADDRESS	1221 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	PO Box 630745
NAME	MELTZER, GAIL S	Miami, FL 33163
STREET ADDRESS	2100 S. OCEAN LANE, #2205	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: X _____ April 28, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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