

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90547 046 \*\*\*\*61.25

20050400



04052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
52-1517387	Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	ASAT
NAME	WOLFE, RALPH
STREET ADDRESS	3801 WILLIAM D TATE, #800
CITY-ST-ZIP	GRAPEVINE, TX 76051

TITLE	S
NAME	SEGAL, HOWARD
STREET ADDRESS	41 MANHATTENVILLE RD.
CITY-ST-ZIP	PURCHASE, NY 10577

TITLE	PD
NAME	CALLAGHAN, WILLIAM D
STREET ADDRESS	841 INDIAN ROCKS ROAD
CITY-ST-ZIP	CLEARWATER, FL

TITLE	D
NAME	NIXON, DANELL
STREET ADDRESS	12512 BUCHANAN
CITY-ST-ZIP	CROWN POINT, IN

TITLE	D
NAME	PEVSNER, PAUL
STREET ADDRESS	367 EAST 62ND STREET
CITY-ST-ZIP	NEW YORK, NY 10021

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 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

4/5/05  
Date

817-  
310-4200  
Daytime Phone #