

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2014
Secretary of State
CC6294003848

Entity Name: ABC INSTITUTE, INC.

Current Principal Place of Business:

3720 COCONUT CREEK PARKWAY, SUITE D
COCONUT CREEK, FL 33066

Current Mailing Address:

3720 COCONUT CREEK PARKWAY, SUITE D
COCONUT CREEK, FL 33066

FEI Number: 30-0649671

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DYGA, PETER M
3730 COCONUT CREEK PARKWAY, SUITE 200
COCONUT CREEK, FL 33066 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name DYGA, PETER M
Address 3730 COCONUT CREEK PARKWAY,
SUITE 200
City-State-Zip: COCONUT CREEK FL 33066

Title C
Name LONDON, PHIL
Address 2201 COLLEGE AVE.
City-State-Zip: DAVIE FL 33317

Title ST
Name LANGER, LYNNE
Address 6500 N.W. 21ST AVE., SUITE 1
City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name NEWMAN, HOWARD
Address 3050 N. FEDERAL HWY.
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name LEMONS, DENNIS
Address 10550 COMMERCE PKWY.
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name WATSON, THOMAS
Address 12925 S.W. 134TH CT.
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ARMENTEROS, JORGE
Address 2600 EISENHOWER BLVD.
City-State-Zip: PORT EVERGLADES FL 33316

Title DIRECTOR
Name KATULKA, PATRICK
Address 3949 S.W. 12TH CT.
City-State-Zip: FT. LAUDERDALE FL 33312

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER M. DYGA

PRESIDENT

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LINAREZ-CASTILLO, MOUJI
Address 1641 WORTHINGTON RD.
SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name WEISS, BRAD
Address 5561 N. UNIVERSITY DR.
SUITE 102
City-State-Zip: CORAL SPRINGS FL 33067