2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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1. Entity Name
ENTREPRENEUR'S CLUB OF BROWARD, INC.

Principal Place of Business	Mailing Address
5720 MARGATE BLVD. MARGATE, FL 33063	PO BOX 93-4125 MARGATE, FL 33093

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	PANISH, ROBERT
STREET ADDRESS	300 S. PINE ISLAND RD #215
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	VD
NAME	KAUFMAN, OWEN
STREET ADDRESS	19005 S. OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	PEEPLES, BROOKSIE
STREET ADDRESS	5720 MARGATE BLVD.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	ROUSER, ANITA
STREET ADDRESS	2650 N ANDREWS AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80060-009 61.25

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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: Brooksie Peeples 1/25/05 954-977-8584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #