


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008850

1. Entity Name
THE ROTARY CLUB OF FORT LAUDERDALE/CYPRESS CREEK, INC.



Principal Place of Business 100 WEST CYPRESS CREEK ROAD 910 FORT LAUDERDALE, FL 33309	Mailing Address 100 WEST CYPRESS CREEK ROAD 910 FORT LAUDERDALE, FL 33309
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03212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3728314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C
100 WEST CYPRESS CREEK ROAD
910
FORT LAUDERDALE, FL 33309

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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, 2006

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

U00000495923
 04/21/06-80031-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHARES, ELIHU 2104 NE 45 STREET FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIALK, DEBORAH I 4726 NW 21ST COURT COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRONCHICK, KENNETH C 100 WEST CYPRESS CREEK ROAD, SUITE 910 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Elihu F. Phares* **Elihu F. Phares** **4 Apr 1 2006** **954-492-8257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #