


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90101 005 ****61.25

DOCUMENT # N04000009234
 1. Entity Name
BROWARD COUNTY INTERGROUP, INC.



Principal Place of Business
305 S. ANDREWS AVE., SUITE 502
FT. LAUDERDALE, FL 33301

Mailing Address
305 S. ANDREWS AVE., SUITE 502
FT. LAUDERDALE, FL 33301

40004422



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-1672030

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
WRIGHT, MICHAEL R
305 S. ANDREWS AVE., SUITE 502
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Michael Wright* DATE 01/17/07
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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	305 S ANDREWS AVE, # 502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILL, JIM	
STREET ADDRESS	305 S ANDREWS AVE, # 502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAECH, AILEEN	
STREET ADDRESS	305 S ANDREWS, # 502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN CREAGER	
STREET ADDRESS	305 S ANDREWS AVE, #502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AILEEN WAECH	
STREET ADDRESS	305 S. ANDREWS AVE, #502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICE CORSON	
STREET ADDRESS	305 S. ANDREWS AVE, #502	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Duncan Creager* Pres. DUNCAN CREAGER 1/18/07 954-962-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #