


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90002 034 \*\*\*\*61.25

**DOCUMENT # N05000009783**

1. Entity Name  
**NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF BROWARD/PALM BEACH, INC.**



Principal Place of Business  
**300 SE 2ND STREET SUITE 860  
 FT LAUDERDALE, FL 33301**

Mailing Address  
**300 SE 2ND STREET SUITE 860  
 FT LAUDERDALE, FL 33301**

2. Principal Place of Business  
**300 NE 3rd Ave**

3. Mailing Address  
**300 NE 3rd Ave.**

Suite, Apt. #, etc.  
**Ste. 340**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**USA**

4. FEI Number  
**35-2260298**

Applied For  
 Not Applicable

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

06062006 Chg-NP CR2E037 (4/06)



6. Name and Address of Current Registered Agent

**ROSENFELDT, STUART A  
 300 SE 2ND STREET SUITE 860  
 FT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name  
**Rosenfeldt, Stuart A.**

Street Address (P.O. Box Number is Not Acceptable)  
**401 East Las Olas Blvd., Ste 1650**

City  
**Ft. Lauderdale**

Zip Code  
**FL 33301**

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 September 6, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELDT, STUART A 300 SE 2ND STREET SUITE 860 FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFFIN, JOHN 7880 W OAKLAND PARK BLVD SUITE 203 FT LAUDERDALE, FL 33351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, GALE 7880 W OAKLAND PARK BLVD SUITE 203 FT LAUDERDALE, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, MAUREEN 7880 W OAKLAND PARK BLVD SUITE 203 FT LAUDERDALE, FL 33351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosenfeldt, Stuart A, 401 E. Las Olas Blvd., Ste. 1650 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/VP/D Campbell, Ralph 300 NE 3rd Ave., Ste. 340 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Guerrero, John 300 NE 3rd Ave., Ste. 340 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Moskowitz, Jo 300 NE 3rd Ave., Ste. 340 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levy, Alan J. 300 NE 3rd Ave., Ste. 340 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** \_\_\_\_\_ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_ Date

\_\_\_\_\_ Daytime Phone #

ATTACHMENT

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# 105000029783

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	D	<input checked="" type="checkbox"/> Addition
Name	Davis, Shaun	
Street Address	300 NE 3 <sup>rd</sup> Ave., Ste. 340	
City - St. - Zip	Fort Lauderdale, FL 33301	