



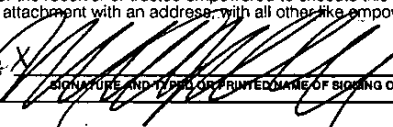
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90017 039 ****70.00

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DOCUMENT # N39892					
1. Entity Name COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.					
Principal Place of Business 4185 N. S.R. 7 FORT LAUDERDALE, FL 33319 US			Mailing Address 4185 N. S.R. 7 STE 200-D FORT LAUDERDALE, FL 33319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0216677	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLATLEY, MICHAEL 4185 N. ST. RD. 7 FORT LAUDERDALE, FL 33319			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 Flatley 1/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, GERALD		NAME		
STREET ADDRESS	6711 N. OCEAN BLVD. #8		STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, JR, CRUGER		NAME		
STREET ADDRESS	8000 WEST SUNRISE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERY, EDWARD		NAME	Ryan, Christian	
STREET ADDRESS	2611 E OAKLAND PARK BLVD.		STREET ADDRESS	1560 Sawgrass Corporate Pkwy, #300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMARCHE, SHAWN		NAME	Fair, Barbara	
STREET ADDRESS	2995 N DIXIE HWY		STREET ADDRESS	4913 NW 66th Avenue	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLATLEY, MICHAEL		NAME		
STREET ADDRESS	4861 N DIXIE HWY #200D		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M McNALLY, PHILIP G		NAME		
STREET ADDRESS	600 S.E. THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
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: 		Michael Flatley		1/4/05 (954) 335-2452	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	