


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90263 031 ****61.25

DOCUMENT # N44217

1. Entity Name
BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION



Principal Place of Business
**115 S ANDREWS AVE.
 GOVERNMENT CENTER, S-423
 FT. LAUDERDALE, FL 33301**


Mailing Address
**115 S ANDREWS AVE.
 GOV'T CTR, STE #513
 FT. LAUDERDALE, FL 33301**

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

14000000



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0276964

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**LALLA, MATTHEW R.
 115 S ANDREWS AVE.
 GOVERNMENT CTR, STE 513
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, LORI NANCE	
STREET ADDRESS	115 SOUTH ANDREWS AVE., ROOM 410	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	C	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ILENE	
STREET ADDRESS	4809 WOODLANDS BLVD.	
CITY-ST-ZIP	TAMARC, FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JAMES A	
STREET ADDRESS	3030 N E 40 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNZBURGER, SUZANNE N.	
STREET ADDRESS	803 N. SOUTHLAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODSTROM, JOHN E.	
STREET ADDRESS	66 NURMI DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN-RUBIN, DIANA	
STREET ADDRESS	5731 SW 196 LANE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, KRISTIN	
STREET ADDRESS	651 NE 5 Street	
CITY-ST-ZIP	Pompano Beach, FL 33360	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(CHANGE IN TITLE FROM 2004 REPORT)	
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 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 Kristin Jacobs Kristin Jacobs 4/26/05 (954)357-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14009969

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44217

FEI # 65-0276964

ATTACHMENT FOR BLOCK 11 OF 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT -- Additional Director Names and Addresses

Title: D
Name: GRABER, BEN
Address: 7460 WOODMONT TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: WEXLER, LOIS
Address: 16175 GOLF CLUB ROAD, #301
City-St-Zip: WESTON, FL 33326

Title: D
Name: EGGELLETION, JOSEPHUS, JR.
Address: 3376 NW 21 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311