


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90403 016 \*\*\*\*61.25

**DOCUMENT # N95000003578**  
 1. Entity Name  
**DISTRICT VII COMMUNITY COUNCIL, INC.**




Principal Place of Business Mailing Address  
**7515 N.W. 88 AVE. TAMARAC FL 33321** **7515 N.W. 88 AVE. TAMARAC FL 33321**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

  
 MOORE CR2E037 (11/03)  
 4. FEI Number **65-0600448** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**STONE, MEL**  
**8638 NW 82 STREET**  
**TAMARAC FL 33321**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 Name **KOUTCHER JAY**  
 Street Address (P.O. Box Number is Not Acceptable) **7515 NW 88 AVENUE**  
 City **TAMARAC** FL Zip Code **33321**

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 *Jay Koutcher* **Jay Koutcher** 4/13/04 DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004** 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	<b>D</b> <b>DUGGER, KEVIN</b> <b>7515 N.W. 85TH AVE.</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WOLFF, ROBERT</b> <b>8350 NW 73 STREET</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STONE, MEL</b> <b>8638 NW 82 STREET</b> <b>TAMARAC FL 33321</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROTHMAN, CHARLES</b> <b>7626 NW 87 AVENUE</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARKINS, JIM</b> <b>8172 ROYAL PALM COURT</b> <b>TANARAC FL 33321</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTS, KAREN</b> <b>6608 NW 78 STREET</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WOLFF, ROBERT</b> <b>8350 NW 73 STREET</b> <b>TAMARAC, FL 33321</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>K. STONE</b> <b>7515 NW 88 AVENUE</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>KUCH, FAYE</b> <b>7515 NW 88 AVENUE</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Charles Rothman* **Charles Rothman** **TREASURER** 4/13/04 954-722-2057  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #