

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90032 015 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                |                                                                                                                                                                    |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N22230</b><br>1. Entity Name<br><b>REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                |                                                                                                                                                                    |  |  |
| Principal Place of Business<br><b>1765 N.E. 26TH STREET<br/>FORT LAUDERDALE, FL 33305-1438 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                | Mailing Address<br><b>1765 N.E. 26TH STREET<br/>FORT LAUDERDALE, FL 33305-1438 US</b>                                                                              |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                          |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                | City & State                                                                                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 | Country                                        |                                                                                                                                                                    | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 | Country                                        |                                                                                                                                                                    | 4. FEI Number<br><b>65-0003512</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                |                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                                |                                                                                                                                                                    | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>SIMMONS, STEPHEN J ESQ.<br/>1401 E BROWARD BLVD STE 200<br/>FT LAUDERDALE, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 |                                                |                                                                                                                                                                    |                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                   |                                                                                   |  |
| <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |                                                | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                       |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>CLAUDETTE BRUCK<br/>6610 N UNIV DR, STE 200<br/>TAMARAC, FL</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>DECEASARE, EVELYN J<br/>3430 GALT OCEAN DR #1111<br/>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br><b>(Title change only)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br><b>ANDERSON, MYRTLE T<br/>901 S.E. 17 ST, #206<br/>FT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>(Title change only)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br><b>JOSEPH R MILLSAPS<br/>5300 N. FEDERAL HWY.<br/>FORT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST<br><b>BALISTRERI, JAMES M<br/>3099 E. COMMERCIAL BLVD.<br/>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>Balistreri, James M.<br/>1350 N. Federal Hwy.<br/>Pompano Beach, FL 33062</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>COHEN, TERRY<br/>850 RIVERSIDE DRIVE<br/>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                 |                                                |                                                                                                                                                                    |                                                                                   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 | Date <b>2/3/04</b>                             |                                                                                                                                                                    | Daytime Phone # <b>(954) 763-6764</b>                                             |  |

*Attachment*

# REALTOR® ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION

1765 N.E 26 Street | Fort Lauderdale | Florida | 33305-1438 | 954/563-7261 | 954/568-9695

## Board of Trustees

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Larry Rowe, Inc.

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RE/MAX Partners

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K. Warren Mortgage Group

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Multiple Choice Realty Inv.

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Atlantic Properties Int'l, Inc.

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Barbara Campbell & Assoc. Rty.

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John F. Ring  
Retired REALTOR®

Harry J. Vordermeier, Jr.  
Retired REALTOR®

## ADDITIONAL OFFICERS/DIRECTORS NOT LISTED IN SECTION 10

## FLORIDA DEPARTMENT OF STATE 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT #N22230

**Title** P  
**Name** Larry R. Rowe  
**Street Address** 4412 E Tradewinds Ave  
**City - ST - Zip** Lauderdale-by-the-Sea, FL 33308

**Title** S/T  
**Name** R. Kay Warren  
**Street Address** 120 E Oakland Park Blvd #108  
**City - ST - Zip** Oakland Park, FL 33334

**Title** D  
**Name** Siran Der Bedrossian  
**Street Address** 931 NE 48 Street  
**City - ST - Zip** Fort Lauderdale, FL 33334-3914

**Title** D  
**Name** Linda G. Kassof  
**Street Address** 1350 E Newport Center Dr #208  
**City - ST - Zip** Deerfield Beach, FL 33442-4219

**Title** D  
**Name** Carol R. Metevier  
**Street Address** 4280 Galt Ocean Dr PH M  
**City - ST - Zip** Fort Lauderdale, FL 33308-6147

**Title** D  
**Name** Bill Quinlan  
**Street Address** 942 E Cypress Creek Road  
**City - ST - Zip** Fort Lauderdale, FL 33334

**Title** D  
**Name** Cynthia L. Benchick  
**Street Address** 3317 NW 10 Terrace #403  
**City - ST - Zip** Fort Lauderdale, FL 33309