

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90045 004 ****61.25

DOCUMENT # 752055
 1. Entity Name
 SOUTH BROWARD BUSINESS COUNCIL, INC.



Principal Place of Business
 2801 N 38 AVE
 HOLLYWOOD, FL 33021

Mailing Address
 P.O. BOX 6091
 HOLLYWOOD, FL 33081-6091

40016148



2. Principal Place of Business
 4018 BUCHANAN ST.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 6091
 Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State
 HOLLYWOOD, FL 33021

City & State
 HOLLYWOOD, FL

Zip
 33021

Country
 U.S.A

Zip
 33021

Country
 USA

4. FEI Number
 59-2040572

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 STOODLEY, JAMES J
 2801 N 38 AVE
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 JAMES J. STOODLEY

Street Address (P.O. Box Number is Not Acceptable)
 4018 BUCHANAN ST.

City
 HOLLYWOOD

FL

Zip Code
 33021

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 *James J. Stoodley* JAMES J. STOODLEY 2/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
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	PD	<input type="checkbox"/> Delete
NAME	STOODLEY, JAMES	
STREET ADDRESS	2801 N 38 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SALTZ, MARK L	
STREET ADDRESS	3501 GRIFFIN ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONARD, MALCOLM A	
STREET ADDRESS	3810 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, JAMES	
STREET ADDRESS	6109 PEMBROKE ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVEL, TERRY	
STREET ADDRESS	5754 JOHNSON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, BRUCE A	
STREET ADDRESS	19495 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA, FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOODLEY, JAMES	
STREET ADDRESS	4018 BUCHANAN ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		
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: *James J. Stoodley* JAMES J. STOODLEY, PRES. 2/7/05 954-962-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #