

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004393

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: SAM'S HOUSE OF BROWARD, INC.

## Current Principal Place of Business:

409 NW 29TH ST  
WILTON MANORS, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

409 NW 29TH ST  
WILTON MANORS, FL 33311

## New Mailing Address:

FEI Number: 34-1993324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARMER, BRIAN M  
409 NW 29TH ST  
WILTON MANORS, FL 33311 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: FARMER, BRIAN M  
Address: 409 NW 29TH ST  
City-St-Zip: WILTON MANORS, FL 33311

Title: DCFO ( ) Delete  
Name: FARMER, LORY A  
Address: 409 NW 29TH ST  
City-St-Zip: WILTON MANORS, FL 33311

Title: S ( ) Delete  
Name: LAGERQUIST, JEAN P  
Address: 5248 NE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HUGHES, DEBRA L  
Address: 1218 SW 22 AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: V ( ) Change (X) Addition  
Name: FERGUSON, DOREEN  
Address: 4100 NW 35 AVENUE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: AVP ( ) Change (X) Addition  
Name: HONAKER, BRIAN P  
Address: 1218 SW 22 AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Change (X) Addition  
Name: FRANZEN, RUTH D  
Address: 2225 NW 6 TERRACE  
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORY A. FARMER

DCFO

03/04/2005

Electronic Signature of Signing Officer or Director

Date