

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-06-2006 90082 049 *****61.00
N22230

DOCUMENT # N22230 1. Entity Name REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US			Mailing Address 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0003512	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMMONS, STEPHEN J ESQ. 1401 E BROWARD BLVD STE 200 FT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ 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, 2006		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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T BRUCK, CLAUDETTE 6610 N UNIV DR, STE 200 TAMARAC, FL		T DECEASARE, EVELYN J 3430 GALT OCEAN DR #1111 FT. LAUDERDALE, FL 33308		T ANDERSON, MYRTLE T 901 S.E. 17 ST, #208 FT LAUDERDALE, FL 33316	
P ROWE, LARRY R 4412 E. TRADEWINDS AVE LAUDERDALE-BY-THE-SEA, FL 33308		T COHEN, TERRY 850 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071		P Metevier, Carol R. 3438 N. Ocean Blvd Fort Lauderdale, FL 33308	
T COHEN, TERRY 850 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071		P Metevier, Carol R. 3438 N. Ocean Blvd Fort Lauderdale, FL 33308		P Metevier, Carol R. 3438 N. Ocean Blvd Fort Lauderdale, FL 33308	
SIGNATURE: <u>Carol R. Metevier</u> 1-30-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

06 FEB -9 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40008851



01262006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0003512

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, STEPHEN J ESQ.
1401 E BROWARD BLVD STE 200
FT LAUDERDALE, FL 33301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
BRUCK, CLAUDETTE
6610 N UNIV DR, STE 200
TAMARAC, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

T
DECEASARE, EVELYN J
3430 GALT OCEAN DR #1111
FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

T
ANDERSON, MYRTLE T
901 S.E. 17 ST, #208
FT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

P
ROWE, LARRY R
4412 E. TRADEWINDS AVE
LAUDERDALE-BY-THE-SEA, FL 33308

T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

T
COHEN, TERRY
850 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

T
COHEN, TERRY
850 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

P
Metevier, Carol R.
3438 N. Ocean Blvd
Fort Lauderdale, FL 33308

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carol R. Metevier

1-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22230 1. Entity Name REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US				Mailing Address 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40008851	
City & State Zip Country		City & State Zip Country		01262006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0003512				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SIMMONS, STEPHEN J ESQ. 1401 E BROWARD BLVD STE 200 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 date if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	S/T Der Bedrossian, Siran 931 NE 48th St. Fort Lauderdale, FL 33334-3914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	V Warren, Kay 120 E. Oakland Park Blvd #108 Oakland Park, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	WINTER, Jeffrey F. 1300 SW 15th Street Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	T Hansen, Anita N 3010 E. Commercial Blvd. Fort Lauderdale, FL 33308-4312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carol B. Metevan</u>				1-30-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	