

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003355

**Entity Name:** BROWARD PACERS INC.

**Current Principal Place of Business:**

2563 EAST SUNRISE BOULEVARD  
FT LAUDERDALE, FL 33304

**Current Mailing Address:**

P. O. BOX 4631  
FT LAUDERDALE, FL 33338-4631 US

**FEI Number:** 80-0701378

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WENNERSTROM, DONALD  
2563 EAST SUNRISE BOULEVARD  
FT LAUDERDALE, FL 33304 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WENNERSTROM, DONALD  
Address 1040 SEMINOLE DRIVE  
#1758  
City-State-Zip: FORT LAUDERDALE FL 33304

Title PRESIDENT  
Name ELLICH, CELESTE S  
Address 1728 N. E. 27TH DRIVE  
City-State-Zip: WILTON MANORS FL 33334

Title VP  
Name KASPRIK, THOMAS  
Address 9355 SW 8TH STREET #123  
City-State-Zip: BOCA RATON FL 33428

Title D  
Name KASPRIK, CAROL  
Address 9500 SW 3RD STREET B234  
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY  
Name MILLER, CATHY  
Address 8303 S. W. 20TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title TREASURER  
Name WEDEL, MICHAEL  
Address 3013 HARBOR DRIVE  
UNIT B1  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR  
Name ELLICH, KATARINA N  
Address 1728 N. E. 27TH DRIVE  
City-State-Zip: WILTON MANORS FL 33334

Title DIRECTOR  
Name GONZALEZ-HOWARD, RAQUEL  
Address 6109 HOGAN CREEK ROAD  
City-State-Zip: MARGATE FL 33063

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*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL WEDEL

**TREASURER**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NEIN, BRETT  
Address        1529 N. E. 28TH DRIVE  
City-State-Zip: WILTON MANORS FL 33334

Title           DIRECTOR  
Name           HOWARD, DAVID  
Address        6109 HOGAN CREEK ROAD  
City-State-Zip: MARGATE FL 33063