

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