

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004619

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC2294990254**

**Entity Name:** THE SOUTH FLORIDA TOURISM COUNCIL, INC.

**Current Principal Place of Business:**

419 FT LAUDERDALE BCH BLVD  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

419 FT LAUDERDALE BCH BLVD  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0604521

**Certificate of Status Desired:** No

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

RIEHL, RALPH  
101 N. RIVERSIDE DR  
SUITE 212A  
POMPANO BEACH, FL 33062 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 PD  
Name RIEHL, RALPH  
Address 419 S FORT LAUDERDALE BCH BLVD  
City-State-Zip: FT. LAUDERDALE FL 33316

Title DVP  
Name GLASER, GREG  
Address 13 N. POMPANO BEACH BLVD.  
City-State-Zip: POMPANO BEACH FL 33062

Title DV  
Name OLSEN, GUS III  
Address 300 E. SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

Title DVT  
Name SKUDA, DANE  
Address 101 N. RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title VPD  
Name MCGARRITY, JUDITH  
Address 209 FT. LAUDERDALE BCH BLVD  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** RALPH RIEHL

**PRESIDENT**

**02/17/2016**

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

\_\_\_\_\_  
Date