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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708775** (2)
T. Corporation Name
BOYS' CLUBS OF BROWARD COUNTY, INC.

Principal Place of Business Mailing Address
**1401 NORTHEAST 26TH STREET
FT. LAUDERDALE FL 33305**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1965** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-1108790** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 199 032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HUGHES, DAVID
1401 NORTHEAST 26TH ST.
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE *David Hughes* 4-27-95
Registration Agent (print name of registered agent and title) (If Not Registration Agent, print name of incorporator)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | PD MOONEY RICHARD 1900 S.E. 17TH ST. FT. LAUDERDALE FL 33316 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | T WOOLF, PETER 1 E. BROWARD BL. #1700 FT. LAUDERDALE FL |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | CD THOMAS MILLER 814 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | D KOWALSKA, M. 2748 NE 34 ST. FT. LAUDERDALE FL |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | D AVEY, JUDY 4321 NE 25TH AVE FT LAUDERDALE FL |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | VPD MAHAN MARTIN ONE EAST BROWARD BLVD. FT. LAUDERDALE FL 33301 |

| 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP | CD MOONEY RICHARD 1900 S.E. 17TH ST. FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP | PD. HUIZENGA MARTI 516 MOLA AVENUE FT. LAUDERDALE 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Hughes* 4-27-95 205 5371010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR