

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708775** (2)

1. Corporation Name

BOYS' CLUBS OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

1401 NORTHEAST 26TH STREET
FT. LAUDERDALE FL 33305

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FT. LAUDERDALE FL 33305

3. Date Incorporated or Qualified
04/08/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUGHES, DAVID
1401 NORTHEAST 26TH ST.
FT LAUDERDALE FL 33305

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David Hughes

1-30-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MOONEY, RICHARD	
STREET ADDRESS	1900 SE 17TH ST	
CITY - ST - ZIP	FT. LAUD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOOLF, PETER	
STREET ADDRESS	1 E. BROWARD BL. #1700	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUIZENGA, MARTI	
STREET ADDRESS	516 MOLA AVE	
CITY - ST - ZIP	FT. LAUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOWALSKE, M.	
STREET ADDRESS	2748 NE 34 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AVEY, JUDY	
STREET ADDRESS	4321 NE 25TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MAHAN MARTIN	
STREET ADDRESS	ONE EAST BROWARD BLVD	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASE, RICK	
1.3 STREET ADDRESS	875 N. STATE ROAD 7	
1.4 CITY - ST - ZIP	PLANTATION, FL. 33317	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUIS WITT	
4.3 STREET ADDRESS	2400 E. COMMERCIAL BLVD # 102	
4.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33308	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIKE McMULLAN	
6.3 STREET ADDRESS	ONE FINANCIAL PLAZA	
6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33301	

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)(k), 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 in an attachment with an address.

SIGNATURE:

David Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

(305) 537-1010

Daytime Phone #

CR2E037 (12/95)