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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708775 1. Corporation Name BOYS' CLUBS OF BROWARD COUNTY, INC.			
Principal Place of Business 1401 NORTHEAST 26TH STREET FT. LAUDERDALE FL 33005		Mailing Address 1401 NORTHEAST 26TH STREET FT. LAUDERDALE FL 33005	

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
Suits, Apt. #, etc.	Suite, Apt. #, etc.	04/08/1965
City & State	City & State	4. FEI Number
Zip	Country	59-1108790
25. Country	26. City & State	Applied For / Not Applicable
27. City & State	28. City & State	5. Certificate of Status Declared <input checked="" type="checkbox"/>
29. Zip	30. Country	\$8.75 Additional Fee Required
31. Country	32. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
33. Country	34. Zip	\$5.00 May Be Added to Fees

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 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	PRESIDENT PD
NAME	CASE, RICK	1.2 NAME	EARL MORRALL
STREET ADDRESS	875 N STATE RD 7	1.3 STREET ADDRESS	9751 SW 15TH DRIVE
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	T	2.1 TITLE	
NAME	BARBEE, JOHN	2.2 NAME	
STREET ADDRESS	4901 N. FEDERAL HWY #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WITT, LOUIS	3.2 NAME	
STREET ADDRESS	2400 E COMMERCIAL BLVD #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	PD-D	4.1 TITLE	CHAIRMAN & D
NAME	AVEY, JUDY	4.2 NAME	
STREET ADDRESS	4321 NE 25TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VPD-D	5.1 TITLE	
NAME	MCMULLAN, MIKE	5.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Judy Avey **REQUIRED** 1-4-99 (954) 537-1010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)