


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 708775 1. Entity Name BOYS' CLUBS OF BROWARD COUNTY, INC.	
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FILED

04 JUL -2 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FL 32399



Principal Place of Business 1401 NORTHEAST 26TH STREET FT. LAUDERDALE, FL 33305		Mailing Address 1401 NORTHEAST 26TH STREET FT. LAUDERDALE, FL 33305	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1108790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUGHES, DAVID 1401 NORTHEAST 26TH ST. FT LAUDERDALE, FL 33305	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <u>700038847347</u> <u>07/07/04-01072-019</u> FL <u>**61.25</u> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	PERRY, FREDERICK
STREET ADDRESS	401 E. LAS OLAS #2100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	T <input type="checkbox"/> Delete
NAME	WOOLF, PETER
STREET ADDRESS	200 E. LAS OLAS #1700
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP <input type="checkbox"/> Delete
NAME	MEDALIC, DONALD.B
STREET ADDRESS	800 E. BROWANG BLVD., #30
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, SOLOMAN
STREET ADDRESS	200 EAST LAS OLAS BLVD., #1900
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D <input type="checkbox"/> Delete
NAME	GOLDBERG, ALAN
STREET ADDRESS	4860 N.E. 12TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	P <input type="checkbox"/> Delete
NAME	ROTELLA, GARY V
STREET ADDRESS	200 E. LAS OLAS #185
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 E. Las Olas Boulevard #200
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 E. Las Olas Boulevard #1700
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medalie, Donald B.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solomon, Harris
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotella, Gary J.
STREET ADDRESS	200 E. Las Olas Boulevard #1850
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID T. HUGHES** GRG.D.M 6-29-04 554-537-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #