


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 006 \*\*\*\*70.00

**DOCUMENT # 708775**

1. Entry Name  
**BOYS & GIRLS CLUBS OF BROWARD COUNTY, INC.**



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  
**877 NW 61 St.**

3. Mailing Address  
**877 NW 61 St.**

Suite, Apt. #, etc.

05052006 Chg-NP CR2E037 (4/06)

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**59-1108790**

Applied For  
 Not Applicable

Zip  
**33309**

Country  
**USA**

Zip  
**33309**

Country  
**USA**

5. Certificate of Status Desired  **\$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 **Hughes, David**

Street Address (P.O. Box Number is Not Acceptable)  
**877 NW 61 Street**

City **Fort Lauderdale, FL** Zip Code **33309**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent or director. If registered agent or director is not a resident of Florida, the signature of a resident of Florida must be provided.

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | C<br>PERRY, FREDERICK<br>401 E LAS OLAS BLVD #200<br>FORT LAUDERDALE, FL 33301      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | T<br>WOOLF, PETER<br>200 E LAS OLAS BLVD #1700<br>FORT LAUDERDALE, FL 33301         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>MEDALIE, DONALD B<br>800 E. BROWANG BLVD., #30<br>FORT LAUDERDALE, FL 33301   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SOLOMON, HARRIS<br>200 EAST LAS OLAS BLVD., #1900<br>FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>GOLDBERG, ALAN<br>4860 N.E. 12TH AVE<br>FORT LAUDERDALE, FL 33334              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>ROTELLA, GARY J<br>200 E. LAS OLAS BLVD #1850<br>FORT LAUDERDALE, FL 33301     | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>Solomon, Harris<br>200 East Las Olas Blvd #1900<br>Fort Lauderdale, FL 33301  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>Goldberg, Alan<br>4860 NE 12th Ave<br>Fort Lauderdale, FL 33334              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | C<br>Rotella, Gary J.<br>200 East Las Olas Blvd #1850<br>Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>Perry, Frederick<br>401 East Las Olas Blvd #200<br>Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>Elmes, Tim J.<br>801 Seabreeze<br>Fort Lauderdale, FL 33316                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark German **Mark German** **6/5/06** **(954)537-1010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR