


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 008 ****70.00

DOCUMENT # 708775

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



Principal Place of Business
 877 NW 61 ST
 FORT LAUDERDALE, FL 33309


Mailing Address
 877 NW 61 ST
 FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

Country



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1108790

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, DAVID
 877 NW 61 STREET
 FORT LAUDERDALE, FL 33309

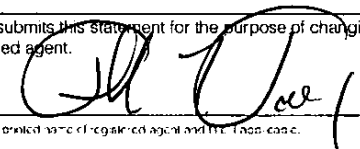
7. Name and Address of New Registered Agent

Name **Till, Frank L.**

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  **4/4/07**

Signature, handwritten name of registered agent and title (if any) (Required) (NOL) Registered Agent signature required when reinstating (Optional)

Filing Fee is \$61.25 Due by May 1, 2007

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	P	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, HARRIS	
STREET ADDRESS	200 EAST LAS OLAS BLVD 1900	
CITY ST ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, ALAN	
STREET ADDRESS	4860 NE 12TH AVE	
CITY ST ZIP	FORT LAUDERDALE, FL 33334	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ROTELLA, GARY J	
STREET ADDRESS	4860 EAST LAS OLAS BLVD 1850	
CITY ST ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PERRY, FREDERICK	
STREET ADDRESS	401 EAST LAS OLAS BLVD 200	
CITY ST ZIP	FORT LAUDERDALE, FL 33301	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELMES, TIM J	
STREET ADDRESS	801 SEABREEZE	
CITY ST ZIP	FORT LAUDERDALE, FL 33316	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROTELLA, GARY J	
STREET ADDRESS	200 E. LAS OLAS BLVD #1850	
CITY ST ZIP	FORT LAUDERDALE, FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Solomon, Harris	
STREET ADDRESS	200 East Las Olas Blvd., #1900	
CITY ST ZIP	Fort Lauderdale, FL 33301	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rotella, William J.	
STREET ADDRESS	3300 N Federal Hwy., #200	
CITY ST ZIP	Fort Lauderdale, FL 33306-1035	
TITLE	CE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rotella, Gary J.	
STREET ADDRESS	200 East Las Olas Blvd., #1850	
CITY ST ZIP	Fort Lauderdale, FL 33301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldberg, Alan	
STREET ADDRESS	4860 NE 12th Ave	
CITY ST ZIP	Fort Lauderdale, FL 33304	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elmes, Tim J.	
STREET ADDRESS	801 Seabreeze	
CITY ST ZIP	Fort Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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:  **(954)537-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date