

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708959

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** BROWARD COUNTY AIRBOAT HALFTRACK AND CONSERVATION CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 291022  
DAVIE, FL 33329 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291022  
DAVIE, FL 33329 US

**New Mailing Address:**

**FEI Number:** 59-1927780      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WARD, BRUCE B T  
1910 NW 118 AVENUE  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STORMS, JOHN  
Address: 910 NW 116 TERRACE  
City-St-Zip: PLANTATION, FL 33325

Title: VP ( ) Delete  
Name: CIMMAS, DANIEL JR  
Address: 4691 SW 24 ST  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: T ( ) Delete  
Name: WARD, BRUCE  
Address: 1910 NW 118 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete  
Name: DIBELER, ED  
Address: 2010 NE 31 ST  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete  
Name: LYNCH, RALPH  
Address: 720 NE 58 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: KIRK, DONALD  
Address: 4118 NW 13 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WARD, BRUCE B  
Address: 1910 NW 118 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE B. WARD

T

01/04/2007

Electronic Signature of Signing Officer or Director

Date