

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708959

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

1910 NW 118 AVE
PEMBROKE PINES, FL 33026 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: 1600 SW 65 AVE.
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: CARROLL, DAMON
Address: 2701 SW 154 LANE
City-St-Zip: DAVIE, FL 33331

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

Title: S () Delete
Name: ORTH, MELODY
Address: 1600 SW 65 AVE.
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: REAVES, MICHAEL
Address: 1313 SW 47 AVE
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: D () Delete
Name: NEWTON, JAMES
Address: 2041 SW 50 AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 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

01/12/2009

Electronic Signature of Signing Officer or Director

Date