

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715263

FILED
Apr 29, 2005
Secretary of State

Entity Name: BROWARD COUNTY 4-H FOUNDATION. INC.

Current Principal Place of Business:

3245 COLLEGE AVENUE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3245 COLLEGE AVENUE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 23-7036262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JAMES E JR
2700 W ATLANTIC BLVD
SUITE 204
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

SEGAL, FRED
289 SE 4 AVE
POMPANO BEACH, FL 33063 US

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: FRED SEGAL

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: MCCARTNEY, SANDRA
Address: 5790 SW 130 AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: DP () Delete
Name: SEGAL, FRED
Address: 2121 N. STATE RD. 7
City-St-Zip: MARGATE, FL

Title: D () Delete
Name: CURTIS, JASON
Address: 3801 FLAMINGO ROAD
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: DVP (X) Delete
Name: BROWN, JAMES E JR
Address: 2700 W. ATLANTIC #204
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: SEGAL, FRED
Address: 2121 N. STATE RD. 7
City-St-Zip: MARGATE, FL 33063

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 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 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: FRED SEGAL

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date