


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90058 017 \*\*\*\*70.00

**DOCUMENT # 720180**

1. Entity Name  
**BROWARD COUNTY MINORITY BUILDERS COALITION, INC.**



Principal Place of Business  
**665 SW 27TH AVE  
 SUITE # 12  
 FORT LAUDERDALE, FL 33312**

Mailing Address  
**665 SW 27TH AVE  
 SUITE # 12  
 FORT LAUDERDALE, FL 33312**

44061004



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

03032004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**23-7170674**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LARKINS, ELIJAH  
 1534 NW 4 AVENUE  
 POMPANO BEACH, FL 33060**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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	D	<input type="checkbox"/> Delete
NAME	BUTTS, TOMMIE B	
STREET ADDRESS	3635 NW 19TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LLOYD	
STREET ADDRESS	112 S.W. 24TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, HERMINE	
STREET ADDRESS	884 S.W. 27TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ELIJAH	
STREET ADDRESS	1921 NW 1ST STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ANGELLA	
STREET ADDRESS	3784 NW 16TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORDON, BRENDA	
STREET ADDRESS	6600 NW 27TH AVE, SUITE 115	
CITY-ST-ZIP	MIAMI, FL 33147	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Winston	
STREET ADDRESS	884 SW 27th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(f), 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:** *Elizah Adams* **03-10-2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Yr