2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731379

FILED Feb 12, 2004 Secretary of State

Entity Name: URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE, FL 33311 FEI Number: 59-1564384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWEN, DONALD 11 NW 36TH AVE FT. LAUDERDALE, FL 33311 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition JONES, SEAN JONES, SEAN Name: Name: Address: 540 NW 4TH AVE Address: 540 NW 4TH AVE City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311 (X) Change () Addition Title: () Delete Title: Name: WILLIAMS, THOMASINA Name: BINGER, KENNETH Address: 80 SW 8TH ST. Address: 1750 E. SUNRISE BLVD. City-St-Zip: MIAMI, FL 33130 City-St-Zip: FT. LAUDERDALE, FL 33304 Title: () Delete Title: () Change () Addition BOWEN, DONALD E, Name: Name: 11 NW 36 AVENUE Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, LEVI Name: Address: 200 SE 13 ST Address: City-St-Zip: FORT LAUDERDALE, FL 33316 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: DONALD BOWEN P 02/12/2004