2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# 731379

Entity Name: URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

Current Principal Place of Business:

ELEVEN NORTHWEST 36TH AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

ELEVEN NORTHWEST 36TH AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-1564384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWEN, DONALD
11 NW 36TH AVE
FT. LAUDERDALE, FL 33311 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:	D	( ) Delete
Name:	JONES, SEAN	
Address:	540 NW 4TH AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	D/T	( ) Delete
Name:	BINGER, KENNETH	
Address:	1750 E. SUNRISE BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33304	
Title:	P	( ) Delete
Name:	BOWEN, DONALD E,	
Address:	11 NW 36 AVENUE	
City-St-Zip:	FT LAUDERDALE, FL	
Title:	D	( ) Delete
Name:	WILLIAMS, LEVI	
Address:	200 SE 13 ST	
City-St-Zip:	FORT LAUDERDALE, FL 33316	

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
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: DONALD BOWEN P 02/08/2005

Electronic Signature of Signing Officer or Director — Date