

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731379

FILED
Mar 24, 2011
Secretary of State

Entity Name: URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

Current Principal Place of Business:

ELEVEN NORTHWEST 36TH AVENUE
LAUDERHILL, FL 33311

New Principal Place of Business:

Current Mailing Address:

ELEVEN NORTHWEST 36TH AVENUE
LAUDERHILL, 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:

SMITH-BAUGH, GERMAINE
11 NW 36TH AVE
LAUDERHILL, 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: O
Name: CAMARAZA, DORIA
Address: 777 AMERICAN EXPRESSWAY
City-St-Zip: FORT LAUDERDALE, FL 33337

Title: O
Name: PERRY, FREDERICK
Address: 401 EAST LAS OLAS BLVD, 21ST FLR
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: P
Name: SMITH-BAUGH, GERMAINE
Address: 11 NW 36 AVENUE
City-St-Zip: LAUDERHILL, FL 33311

Title: O/T
Name: DAVIS, SHAUN
Address: 2521 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D
Name: TUCKER, ALBERT
Address: 100 E. BROWARD BLVD. #200
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O
Name: GORDON, CHARLES
Address: 190 JIM MORAN BLVD.
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: GERMAINE SMITH-BAUGH

P

03/24/2011

Electronic Signature of Signing Officer or Director

_____ Date