

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743750

FILED
Jan 07, 2008
Secretary of State

Entity Name: BROWARD PRINCIPALS' AND ASSISTANTS' ASSOCIATION, INC.

Current Principal Place of Business:

1218 S. LAKESIDE DR.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1218 S. LAKESIDE DR.
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1973586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, LISA
1215 S. LAKESIDE DRIVE
LAKE WORTH, FL 33460 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: PD () Delete
Name: PATIRE, SHERRY
Address: 6200 SW 16TH ST
City-St-Zip: PLANTATION, FL 33317

Title: PPD () Delete
Name: HERBST, JOEL
Address: 1300 PALADIN WAY
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: FRAZIER, STEVEN
Address: 200 N.W. DOUGLAS ROAD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete
Name: LEWIS, SYLVIA
Address: 200 N.W. DOUGLAS RD
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHARON, LUDWIG
Address: 900 SW 8 STREET
City-St-Zip: HALLANDALE, FL 33009

Title: PPD (X) Change () Addition
Name: MARYELLEN, FOWLER
Address: 6500 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

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 exemption stated in Chapter 119, 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: SHARON LUDWIG

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date