2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 743750

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: SHARON, LUDWIG
Address: 900 SW 8 STREET
City-St-Zip: HALLANDALE, FL 33009

Title: PPD ( ) Delete
Name: MARYELLEN, FOWLER
Address: 6500 NOVA DRIVE
City-St-Zip: DAVIE, 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: RONALD, FORSMAN
Address: 6000 NE 9TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: PPD (X) Change ( ) Addition
Name: SHARON, LUDWIG
Address: 900 SW 8 ST
City-St-Zip: HALLANDALE, FL 33309

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: LISA MAXWELL RA 01/27/2009

Electronic Signature of Signing Officer or Director — Date