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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752055

1. Corporation Name

SOUTH BROWARD BUSINESS COUNCIL, INC.

Principal Place of Business

4313 HOLLYWOOD BLVD.#208
P.O.BOX 6091
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 6091
HOLLYWOOD FL 33081



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/16/1980

4. FEI Number

59-2040572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, MALCOLM A CPA
3810 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GRANT, JIM James Stoodley

STREET ADDRESS 6100 PEMBROKE RD. P.O. Box 81-7237

CITY-ST-ZIP HOLLYWOOD FL 33081

TITLE D ☐ DELETE

NAME DAAVEL

STREET ADDRESS HAYEE, TERRY

CITY-ST-ZIP 5754 JOHNSON ST

HOLLYWOOD FL

TITLE D ☐ DELETE

NAME LUNDY, ANTHONY

STREET ADDRESS 3350 BURRIS ROAD

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME GILCHRIST, RAE

STREET ADDRESS 466 HOLLYWOOD BLVD

CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ DELETE

NAME LEONARD, MAL

STREET ADDRESS 3810 HOLLYWOOD BLVD

CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME STOODLEY, JAMES

STREET ADDRESS PO BOX 81-7237

CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. STOODLEY 1/12/99 962-9997
Date Daytime Phone #

CR2E037 (11/98)