


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90045 004 \*\*\*\*61.25

<b>DOCUMENT # 752055</b> 1. Entity Name SOUTH BROWARD BUSINESS COUNCIL, INC.					
Principal Place of Business 2801 N 38 AVE HOLLYWOOD, FL 33021			Mailing Address P.O. BOX 6091 HOLLYWOOD, FL 33081-6091		
2. Principal Place of Business <i>4018 BUCHANAN ST.</i>			3. Mailing Address <i>P.O. Box 6091</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>HOLLYWOOD, FL 33021</i>		City & State <i>HOLLYWOOD, FL</i>		4. FEI Number 59-2040572	
Zip <i>33021</i>		Country <i>U.S.A</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  STOODLEY, JAMES J 2801 N 38 AVE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name <i>JAMES J. STOODLEY</i> Street Address (P.O. Box Number is Not Acceptable) <i>4018 BUCHANAN ST.</i> City <i>HOLLYWOOD</i> <b>FL</b> Zip Code <i>33021</i>		
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <i>James J. Stoodley</i> <i>JAMES J. STOODLEY</i> <i>2/7/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOODLEY, JAMES 2801 N 38 AVE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOODLEY, JAMES 4018 BUCHANAN ST. HOLLYWOOD, FL 33021
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SALTZ, MARK L 3501 GRIFFIN ROAD FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, MALCOLM A 3810 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, JAMES 6109 PEMBROKE ROAD HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVEL, TERRY 5754 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BRUCE A 19495 BISCAYNE BLVD AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James J. Stoodley</i> <i>JAMES J. STOODLEY, PRES.</i> <i>2/7/05</i> <i>954-962-9997</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40016148



02072005 Chg-NP CR2E037 (10/03)