

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 752055

1. Entity Name
SOUTH BROWARD BUSINESS COUNCIL, INC.



Principal Place of Business
**4018 BUCHANAN ST
HOLLYWOOD, FL 33021**

Mailing Address
**P.O. BOX 6091
HOLLYWOOD, FL 33021**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2040572

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOODLEY, JAMES J
4018 BUCHANAN ST
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOODLEY, JAMES
STREET ADDRESS	4018 BUCHANAN ST
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	DV
NAME	SALTZ, MARK L
STREET ADDRESS	3501 GRIFFIN ROAD
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	TD
NAME	LEONARD, MALCOLM A
STREET ADDRESS	3810 HOLLYWOOD BLVD
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	GRANT, JAMES
STREET ADDRESS	6109 PEMBROKE ROAD
CITY - ST - ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	HAVEL, TERRY
STREET ADDRESS	5754 JOHNSON STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ROBERTS, BRUCE A
STREET ADDRESS	19495 BISCAYNE BLVD
CITY - ST - ZIP	AVENTURA, FL 33180

U00000381480
01/11/06-80057-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James J. Stoodley **JAMES J. STOODLEY** 1/7/06 (954) 962-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT