

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 037 ****61.25

DOCUMENT # 752698

1. Entity Name

THE BUSINESS FORUM, INC.



Principal Place of Business

P O BOX 10145
POMPANO BEACH FL 33061

Mailing Address

P O BOX 10145
POMPANO BEACH FL 33061

24076015



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2554230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN, KIM DOUGLAS
1000 CORPORATE DR.
STE 300
FORT LAUDERDALE FL 33334

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENNIS, AMY 6220 N. FEDERAL HWY FORT LAUDERDALE FL 33305	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JEFF 100 E SAMPLE ROAD, #220 POMPANO BEACH FL 33064	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, DAVID 1200 S. PINE ISLAND ROAD, #450 PLANTATION FL 33324	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, BJ 3011 ROCK ISLAND ROAD MARGATE FL 33063	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cecile Intrigato 4699 N. FED. Hwy #206 F POMPANO BEACH, FL 33064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jerry Weiner 5463 NW 57 Way Coral Springs, FL 33067	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dick Romano Jr 4740 S OCEAN BLVD APT 414 HIGHLAND BEACH FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vicky McKay 4774 NW 76 ST COCONUT CREEK FL 33073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #