

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90381 005 \*\*\*\*61.25

<b>DOCUMENT # 752698</b>	
1. Entity Name	
THE BUSINESS FORUM, INC.	

Principal Place of Business	Mailing Address
P O BOX 10145 POMPANO BEACH FL 33061	P O BOX 10145 POMPANO BEACH FL 33061



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-2554230	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SHERMAN, KIM DOUGLAS 1000 CORPORATE DR STE 300 FORT LAUDERDALE FL 33334	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, PENNY	NAME	
STREET ADDRESS	8101 NUTMEG WAY	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BERNADETTE J	NAME	
STREET ADDRESS	6501 COMMERCIAL BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEUTON, DOUG	NAME	President
STREET ADDRESS	800 E. CYPRESS CREEK RD #400	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, KATHLEEN	NAME	
STREET ADDRESS	4701 N. FEDERAL HAY B-4	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Betsy Sherman
CITY-ST-ZIP		CITY-ST-ZIP	1020 SE 5TH AVE
TITLE		TITLE	Pompapo Beach, FL 33060
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Penny Raymond Penny Raymond 3-24-06 954 540-8101