

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004757

FILED
Apr 14, 2005
Secretary of State

Entity Name: ARAMADA FOUNDATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

101 NORTH RIVERSIDE DRIVE, SUITE 212
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

101 NORTH RIVERSIDE DRIVE, SUITE 212
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 33-0402630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHANEUF, ROBERT
441 WEST PALM AIRE DRIVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

PHANEUF, ROBERT
230 S.E. 11TH STREET
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: ROBERT PHANEUF

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PHANEOF, ROBERT
Address: 441 WEST PALM AIRE DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: VC () Delete
Name: BUTTERFIELD, SPENCER
Address: 2005 OCEAN WALK TERRACE, #300
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: MULLINS, JEAN
Address: 441 WEST PALM AIRE DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: TIERNAN, CARY
Address: 2005 OCEAN WALK TERRACE, #300
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PHANEUF, ROBERT
Address: 230 S.E. 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TIERNAN, CARY
Address: 2652 N. E. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPENCER BUTTERFIELD

VC

04/14/2005

Electronic Signature of Signing Officer or Director

Date