## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N00000002169



FILED May 21, 2007 8:00 am Secretary of State

1. Entity Name BROADWAY RE-INVESTMENT COALITION, INC.					05-21-2007 90059 025 ****70.00			
Principal Place of Business 3011 BROADWAY WEST PALM BEACH, FL 33407		Mailing Address POST OFFICE BOX 8561 WEST PALM BEACH, FL 33407						
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05400007			
outo, Apt. 4, do.		Calo, 1, Co.		05122007 C	hg-NP	CR2E037 (12/0	3)	
City & State		City & State			4. FEI Number 65-099754	Not Applica		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Si	tatus Desired	\$8.75 Fee Requ	Additional uired
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	ress of New Re	gistered Agent	
DIFFENDERFER, ROBERT D 1700 PALM BEACH LAKES BLVD., SUITE 1000					hae   17 P.Q. Box Number is	7 Tar Not Acceptable)	·litz	
	LM BEACH, FL 33401	30	3011 Broadway					
			LUE	st 1	Valm Be	rack	FL Zip C	ode //o =
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 Horida. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE //WWW \$112/07								
SIGNATURE Signature, typed or printed name of refusiered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee Is \$61.25  9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees Florida Department of State								
10.	OFFICERS AND DI	RECTORS	11.	A	ADDITIONS/CHANG	L ES TO OFFICER	S AND DIRECTORS	IN 10
TITLE	CD CTEIN DAVID	Delete	†MLE	P.	1 2011		.A. Chan	ge Addition
NAME STREET ADDRESS	STEIN, DAVID 2601 BRAODWAY	NAME STREET ADDRESS	260	h Miller 1 Broadu	ay			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	,	CITY-ST-ZIP	Wes		ach, F	L 3340	7
TITLE NAME	VCD FREELAND, JOHN	☐ Delete	TITLE NAME	V			A Chang	pe 🗌 Addition
STREET ADDRESS	222 LAKEVIEW AVE	STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	<del></del>	CITY-ST-ZIP	ļ				
TITLE NAME	MILLER, KEITH	Delete	TITLE NAME				Д Chang	ge 🗌 Addition i
STREET ADDRESS	3600 BROADWAY		STREET ADDRESS					!
CITY-ST-ZIP	WEST PALM BEACH, FL 33407 SD	Delete	CITY-ST-ZIP	5	<del></del>		t⊠ Chang	ne Addition
NAME	JONES, MEREDITH	L Delete	NAME				) Fal cuant	E -Auditori
STREET ADDRESS CITY-ST-ZIP	815 14TH STREET LAKE PARK, FL 33403		STREET ADDRESS CITY-ST-ZIP					
TITLE	Suc. Fruit, 12 00100	Delete	TITLE	1	-		Chang	e Al Addition
NAME			NAME	(W)[]	iam Ma	rtin		, –
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	11/24	ian Ma 37th St st Palm t	3 pach	FL 334	107
TITLE		☐ Delete	TITLE	1000	<u>J.   (J.   17   16</u>	- u=v(())	☐ Chang	e Addition
NAME STREET ADDRESS			NAME STREET ADORESS					Į
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 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 pher like empowered.								
SIGNATURE: Michael M. Tarlitz 5/12/07 561-667-1921								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despire Phone #								