

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007173

**FILED
Sep 21, 2004
Secretary of State**

Entity Name: BROWARD LEAGUE OF CITIES COMMUNITY TRUST, INC.

Current Principal Place of Business:

115 SOUTH ANDREWS AVENUE #122
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

115 SOUTH ANDREWS AVENUE #122
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 81-0551503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOREN, SAM
GOREN, CHEROF, DOODY & EZROL, P.A.
3099 E. COMMERCIAL BLVD, SUITE 200
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARKE-REED, GWYNDOLEN
Address: 150 NE 2ND AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VD () Delete
Name: FEREN, STEVEN
Address: 10770 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: MARKS, ROBERT
Address: 500 PARKSIDE DRIVE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROGERS, HAZELLE
Address: 4300 NW 36 STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VD (X) Change () Addition
Name: ORTIS, FRANK
Address: 10100 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33026

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZELLE ROGERS

PD

09/21/2004

Electronic Signature of Signing Officer or Director

Date