

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N01000006654

Entity Name: BON VIVANTS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

PO BOX 291783
DAVIE, FL 33329

New Principal Place of Business:

PO BOX 291783
DAVIE, FL 33329 US

Current Mailing Address:

PO BOX 291783
DAVIE, FL 33329

New Mailing Address:

PO BOX 291783
DAVIE, FL 33329 US

FEI Number: 65-1140726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORCORSS, JULIE
3035 NE 5 AVE
FT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

NORCORSS, JULIE I
3035 NE 5 AVE
WILTON MANORS, FL 33334 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: JULIE I NORCROSS 03/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPIRITO, THERESA
Address: 2585 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL

Title: DV () Delete
Name: GESINO, BARBARA
Address: 1425 S. 24 CT
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: VAN PELT, SUE
Address: 1236 SE 7 STREET
City-St-Zip: DEERFIELD BCH, FL 33441

Title: DT () Delete
Name: FIERING, HARRIET
Address: 4155 S PINE ISLAND RD
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: CIMMARUSTI, BARBARA
Address: 3606 LLOYD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: NORCROSS, JULIE I
Address: 3035 NE 5 AVE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: D (X) Change () Addition
Name: VAN PELT, SUE
Address: 1236 SE 7 STREET
City-St-Zip: DEERFIELD BCH, FL 33441

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

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: JULIE I NORCROSS DP 03/21/2004
Electronic Signature of Signing Officer or Director Date