

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006654

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: BON VIVANTS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

PO BOX 291783  
DAVIE, FL 33329 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291783  
DAVIE, FL 33329 US

**New Mailing Address:**

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 I  
3035 NE 5 AVE  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

FIERING, HARRIET I  
PO BOX 291783  
DAVIE, FL 33329 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: HARRIET FIERING

04/14/2005

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

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

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

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: HARRIET FIERING

DT

04/14/2005

Electronic Signature of Signing Officer or Director

Date