

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006654

FILED
Mar 24, 2009
Secretary of State

Entity Name: BON VIVANTS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

4155 S PINE ISLAND RD
DAVIE, FL 33328 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:

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

Title: DP () Delete
Name: MORN, DONNA
Address: 1154 SE 6 COURT
City-St-Zip: DANIA BEACH, FL 33004

Title: DV () Delete
Name: DI BATTISTA, ANGELA
Address: 704 GARDENS DR #101
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV () Delete
Name: GLOWTH, BARBARA
Address: 4431 N.E. 13TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: DV () Delete
Name: LARSON, LOIS
Address: 2200 NE 33RD ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DV () Delete
Name: KEYSER, JAWAYNE
Address: 2104 CYPRESS BEND DR., # 110
City-St-Zip: POMPANO BEACH, FL 33069

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: DV (X) Change () Addition
Name: SAPOSNICK, SANDRA
Address: 1900 OCEAN WALK LN.
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33062

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date