

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006654

FILED  
Apr 01, 2010  
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  
Name: FIERING, HARRIET  
Address: 4155 S. PINE ISLAND RD.  
City-St-Zip: DAVIE, FL 33328

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

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

Title: DV  
Name: BROWN, JACK  
Address: 400 NE 21 CT  
City-St-Zip: WILTON MANORS, FL 33305

Title: DV  
Name: UR RAHMAN, HAFEEZ  
Address: 4305 CORAL SPGS DR  
City-St-Zip: CORAL SPGS, FL 33065

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

I hereby 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 all other like empowered.

SIGNATURE: HARRIET FIERING

TREA

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date