

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006654

FILED
Apr 01, 2011
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: BROWN, BONNIE
Address: 9857 LEMONWOOD DR
City-St-Zip: BOYNTON BCH, FL 33437

Title: DV
Name: MARSH, LINDA SUE
Address: 3001 HARBOR DR
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DV
Name: MORN, DONNA
Address: 1154 SE 6 ST
City-St-Zip: DANIA BCH, FL 33004

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

04/01/2011

Electronic Signature of Signing Officer or Director

Date