

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90355 009 \*\*\*\*61.25

**DOCUMENT # N02000005010**

1. Entity Name

CIRCLE OF LOVE OF BROWARD, INC.



Principal Place of Business

6761 SW 40TH STREET  
DAVIE FL 33314  
US

Mailing Address

6761 SW 40TH STREET  
DAVIE FL 33314  
US

14015842



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0415094

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAIN, STEVEN M  
6761 S.W. 40TH STREET  
DAVIE FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SP	<input checked="" type="checkbox"/> Delete
NAME	WAIN, STEVEN M	
STREET ADDRESS	5660 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROSE, DIANE	
STREET ADDRESS	4051 SW 72ND TERR	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZELITT, TRACY	
STREET ADDRESS	1846 NW 127TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME	BARDZIK, JOAN	
STREET ADDRESS	5985 UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	PICKARD, DREW	
STREET ADDRESS	4721 N. 37TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LISA	
STREET ADDRESS	882 NW 66TH AVE.	
CITY-ST-ZIP	DAVIE FL 33328	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAIN, STEVEN	
STREET ADDRESS	6761 S.W. 40TH STREET	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKARD, DREW	
STREET ADDRESS	4705 NORTH 40TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33314	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeLeo, Jim	
STREET ADDRESS	10550 WEST STATE ROAD 84 LOT 297	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holschauer, Ruben	
STREET ADDRESS	6912 CYPRESS ROAD	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ph 954-584-2372  
4/28/04 FAX 954-584-1628