

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90026 032 \*\*\*\*61.25

<b>DOCUMENT # N02005</b> 1. Entity Name <b>PORT EVERGLADES CORROSION COORDINATING COMMITTEE, INC.</b>					
Principal Place of Business <b>3410 S.E. 19TH AVENUE FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>P.O. BOX 13066 FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business <b>1200 SE 28TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 13107</b> Suite, Apt. #, etc.			
City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33316</b>		City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33316</b>		4. FEI Number <b>59-2495421</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUNCHFIELD, JOHN 3510 S.E. 19TH AVENUE FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>DAVISON N. DE ARAUJO</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 SE 28TH ST.</b> City <b>FORT LAUDERDALE, FL</b> Zip Code <b>33316</b>	
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 <b>DAVISON N. DE ARAUJO, TSD</b> <span style="float: right;"><b>03-30-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITT, KEVIN P.O. BOX 13066 FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICH RIGGIO 1180 SPANGLER BLVD. FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEMER, DOUGLAS P.O. BOX 13066 FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LESTER MILLMAN 909 SE 24TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURCHFIELD, JOHN P.O. BOX 13066 FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D DAVISON N. DE ARAUJO 801 SE 28TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>DAVISON N. DE ARAUJO</b> <span style="float: right;"><b>3-30-05</b> <b>525-6742</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					