



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 27 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N03000000249 1. Entity Name BROWARD BEACH COALITION, INC.						
Principal Place of Business 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801				Mailing Address 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		
2. Principal Place of Business 20 N Orange Ave Suite, Apt. #, etc. Suite #1305 City & State Orlando, Florida Zip 32801		3. Mailing Address 20 N. Orange Ave Suite, Apt. #, etc. Suite #1305 City & State Orlando, Florida Zip 32801		4. FEI Number 13-423-8089		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable				
6. Name and Address of Current Registered Agent BOUTHILLIER, REGINALD L 101 E COLLEGE AVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERACI, PIO R 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		<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	D SOBELI, ELEANOR 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		<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	D GILL, LINDA 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		<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	D SORENSEN, STEVE S 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		<input checked="" 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	D COLETTI, WILLIAM 300 S ORANGE AVE STE 1500 ORLANDO, FL 32801		<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		<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:  Bill Coletti 4/26/04 407-244-3688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						



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