

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001143

FILED
Aug 02, 2004
Secretary of State

Entity Name: FBO/CBO CONSORTIUM OF BROWARD COUNTY, INC.

Current Principal Place of Business:

405 NW 3RD AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

405 NW 3RD AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 25-9005002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRAY, RAYA T
405 NW 3RD AVENUE
POMPANO BEACH, FL 33060

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: CD () Delete
Name: MCCRAY, RAYA T
Address: 405 NW 3RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: SMITH, KELVIN
Address: 5215 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: MORTON, TAMMY
Address: 1021 NW 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: JONES, DIANE
Address: 101 NE 1ST STREET
City-St-Zip: POMPANO BEACH, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HARRIS, BARBARA
Address: 2547 RALEIGH STREET
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAYA MCCRAY

CD

08/02/2004

Electronic Signature of Signing Officer or Director

Date