

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004698

FILED  
Jul 04, 2007  
Secretary of State

**Entity Name:** SOUTH FLORIDA COMMUNITY LEADERSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

851 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

851 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 33-1060431      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI, FL 33131 US

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: D ( ) Delete  
Name: TEMPLETON, MARK  
Address: 851 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: MOSKOWITZ, JO  
Address: 851 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: BARRY, DAVIS  
Address: 851 W CYPRESS CREEK RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: FRIEDMAN, DAVID  
Address: 851 W CYPRESS CREEK RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JO MOSKOWITZ

D

07/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date