## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005887

FILED Jan 17, 2008 Secretary of State

Entity Name: REBUILDING TOGETHER BROWARD COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 401 S.E. 15TH AVE FORT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 401 S.E. 15TH AVE FORT LAUDERDALE, FL 33301 FEI Number: 86-1065925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWER, TANYA L TRIPP SCOTT PA 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PRESTON, DIANA Name: Name: 4860 NE 12TH AVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33334 City-St-Zip: Title: Title: VPD (X) Change ( ) Addition ( ) Delete STEFFEN, CLIFF Name: MCALOON, MATT Name: Address: 401 SE 15TH AVENUE Address: 401 SE 15TH AVENUE City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: () Delete Title: () Change () Addition WEIGNER, SID Name: Name: 7027 W. BROWARD BLVD. Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: STRUTT, LINDA L Name: 401 SE 15TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change () Addition REIERSON, DAVE Name: Name: 401 S.E. 15TH AVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition DOCKSWELL, BARRY ABEL, JOHN Name: Name: Address: 401 S.E. 15TH AVE Address: 401 S.E. 15TH AVE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 City-St-Zip: 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: DAVE D. REIERSON ED 01/17/2008