# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 15, 2006**
**Secretary of State**

DOCUMENT# N04000001010

**Entity Name:** CONCERNED CITIZENS OF BROWARD, INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number: 20-0655215** **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:**

GUERRA, PHILIP
2525 PONCE DE LEON BLVD, STE. 400
CORAL GABLES, FL 33134 US

**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: TC ( ) Delete
Name: ADORNO, HENRY N
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TS ( ) Delete
Name: YOSS, GEORGE T
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TT ( ) Delete
Name: GUERRA, PHILIP
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

Title: AS (X) Delete
Name: SEQUENZIA, CHRISTINE
Address: 2525 PONCE DE LEON BLVD, STE. 400
City-St-Zip: CORAL GABLES, FL 33134 US

**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 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: PHILIP GUERRA TT 06/15/2006

Electronic Signature of Signing Officer or Director — Date