

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90030 007 ****61.50

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02152006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000004234 1. Entity Name BROWARD COUNTY, REGION X, CISM, INC.					
Principal Place of Business 11776 W SAMPLE RD, STE 104 CORAL SPRINGS, FL 33065			Mailing Address 11776 W SAMPLE RD, STE 104 CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 27-0092150	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE GAGLIA, JOHN 11095 NW 17 PLACE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name <u>DE GAGLIA JOHN</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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 <u>John De Gaglia</u> <u>JOHN DE GAGLIA</u> <u>2-15-06</u> <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, 2006		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	S DOWNEY, JULIE 6901 ORANGE DRIVE DAVIE, FL 33314		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, LEE S 10100 PINES BLVD HOLLYWOOD, FL 33026		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John De Gaglia</u> <u>JOHN DE GAGLIA</u> <u>2-15-06</u> <u>(305) 223-8380 Ext 2267</u> <small>Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #</small>					