

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006214

FILED
May 04, 2007
Secretary of State

Entity Name: BROWARD COUNTY ASSOCIATION OF PAYROLL PROFESSIONALS INC.

Current Principal Place of Business:

POST OFFICE BOX 70216
FT LAUDERDALE, FL 33307

New Principal Place of Business:

6600 N ANDREWS AVE
SUITE 500
FT LAUDERDALE, FL 33309

Current Mailing Address:

POST OFFICE BOX 70216
FT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 41-2137277 **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:

PEREZ, MARIA
2230 NE 56TH PL
APT 202
FORT LAUDERDALE, FL 33308 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: P () Delete
Name: BRINKMAN, DONNA
Address: 10343 SW 50TH COURT
City-St-Zip: COOPER CITY, FL 33328

Title: VP () Delete
Name: PEREZ, MARIA G
Address: 2230 NE 56TH PL
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TREA (X) Delete
Name: SANCHEZ, AIDA
Address: 3301 COLLEGE AVE.
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: SEC (X) Delete
Name: CASON, ANITA
Address: P.O. BOX 70216
City-St-Zip: FT. LAUDERDALE, FL 33307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, MARIA
Address: POST OFFICE BOX 70216
City-St-Zip: FORT LAUDERDALE, FL 33307

Title: SEC (X) Change () Addition
Name: MORTON, ELLETT D
Address: POST OFFICE BOX 70216
City-St-Zip: FORT LAUDERDALE, FL 33307

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: MARIA PEREZ

PRES

05/04/2007

Electronic Signature of Signing Officer or Director

Date