

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010073

1. Entity Name
COLUMBUS CIVIC LEAGUE OF BROWARD COUNTY, INC.



Principal Place of Business
**2300 SW 112TH AVE
DAVIE, FL 33325**

Mailing Address
**2300 SW 112TH AVE
DAVIE, FL 33325**



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
30-0280354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASEY, SHERRY
2300 SW 112TH AVE
DAVIE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASEY, FRANK
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	S
NAME	CASEY, SHIRLEY
STREET ADDRESS	2300 SW 112TH AVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	1VP
NAME	MELE, MIKE
STREET ADDRESS	309 N 31ST AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33325
TITLE	2VP
NAME	BELLANTONI, JOHN
STREET ADDRESS	403 SW 169TH TERR
CITY-ST-ZIP	WESTON, FL 32539
TITLE	T
NAME	MENDITTO, ANDY
STREET ADDRESS	1501 CATHEDRAL DR
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000475378
04/05/06-80013-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Casey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06
Date

Daytime Phone #