

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010073

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

2300 SW 112TH AVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

2300 SW 112TH AVE
DAVIE, FL 33325

New Mailing Address:

FEI Number: 30-0280354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, SHERRY
2300 SW 112TH AVE
DAVIE, FL 33325 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: CASEY, FRANK
Address: 2300 SW 112TH AVE
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: CASEY, SHIRLEY
Address: 2300 SW 112TH AVE
City-St-Zip: DAVIE, FL 33325

Title: 1VP () Delete
Name: MELE, MIKE
Address: 309 N 31ST AVE
City-St-Zip: HOLLYWOOD, FL 33325

Title: 2VP () Delete
Name: BELLANTONI, JOHN
Address: 403 SW 169TH TERR
City-St-Zip: WESTON, FL 32539

Title: T () Delete
Name: MENDITTO, ANDY
Address: 1501 CATHEDRAL DR
City-St-Zip: COCONUT CREEK, FL

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:

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: SHERRY CASEY

RA

04/10/2008

Electronic Signature of Signing Officer or Director

Date