

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001279

FILED
Sep 02, 2008
Secretary of State

Entity Name: BROWARD EBONY GOLF ASSOCIATION, INC.

Current Principal Place of Business:

% HERBIE PITTERS
373 NW 19TH CT
POMPNAO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
FORT LAUDERDALE, FL 33303 US

New Mailing Address:

FEI Number: 55-0891211 **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:

Name and Address of New Registered Agent:

FRANKLIN, ROSCHELL J JR
771 NW 22ND RD
FT LAUDERDALE, FL 33311 US

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: PITTERS, HERBIE
Address: 373 NW 19TH CT
City-St-Zip: POMPAO BEACH, FL 33060

Title: VP () Delete
Name: SALLEY, KEVIN
Address: P O BOX 14302
City-St-Zip: FT LAUDERDALE, FL 33302

Title: S () Delete
Name: WARDLAW, BRYANT 1 481 NW
Address: 33RD TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: FRANKLIN, ROSCHELL J JR
Address: 771 NW 22ND RD
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: HALL, ARTIS
Address: 7541 NW 12TH ST
City-St-Zip: PLANTATION, FL 33318

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: SIGNATURE

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date