

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002234

FILED
Jun 14, 2006
Secretary of State

Entity Name: THE BROWARD COUNTY YOUNG DEMOCRATS, INC.

Current Principal Place of Business:

PO BOX 8681
FT LAUDERDALE, FL 33310

New Principal Place of Business:

Current Mailing Address:

PO BOX 8681
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

A1A REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: DP () Delete
Name: JEAN, ALAIN
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DV () Delete
Name: TORRES, ANDREW
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DS () Delete
Name: WOLF-GILLIAM, VIRGINIA
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DT () Delete
Name: DUBOSE, BOBBY
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TORRES, ANDREW
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DV (X) Change () Addition
Name: WATKINS, LAURIE
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DS (X) Change () Addition
Name: SPALLER, LARA
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

Title: DT (X) Change () Addition
Name: TORRES, ADRIANA
Address: PO BOX 8681
City-St-Zip: FT LAUDERDALE, FL 33310

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW TORRES

DP

06/14/2006

Electronic Signature of Signing Officer or Director

Date