## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002234

FILED Feb 16, 2007 Secretary of State

Entity Name: THE BROWARD COUNTY YOUNG DEMOCRATS, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 8681 2701 NE 33RD ST.

FT LAUDERDALE, FL 33310 FT LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

PO BOX 8681

FT LAUDERDALE, FL 33310

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT, INC. 92 SADBERRY ROAD QUINCY, FL 32351 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: TORRES, ANDREW Name: CHIARI, CHRISTIAN

 Address:
 PO BOX 8681
 Address:
 PO BOX 8681

 City-St-Zip:
 FT LAUDERDALE, FL 33310
 City-St-Zip:
 FT LAUDERDALE, FL 33310

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: WATKINS, LAURIE Name: BROWN, KELLY

Address: PO BOX 8681 Address: PO BOX 8681

City-St-Zip: FT LAUDERDALE, FL 33310 City-St-Zip: FT LAUDERDALE, FL 33310

Title: DS () Delete Title: () Change () Addition

 Name:
 SPALLER, LARA
 Name:

 Address:
 PO BOX 8681
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33310
 City-St-Zip:

 Name:
 TORRES, ADRIANA
 Name:
 WALKER, ASHLEY

 Address:
 PO BOX 8681
 Address:
 PO BOX 8681

City-St-Zip: FT LAUDERDALE, FL 33310 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: CHRISTIAN CHIARI DP 02/16/2007