

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002234

FILED
Mar 09, 2009
Secretary of State

Entity Name: THE BROWARD COUNTY YOUNG DEMOCRATS, INC.

Current Principal Place of Business:

2701 NE 33RD ST.
FT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

PO BOX 8681
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 59-3798971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARATZ, MATTHEW
161 NW 162ND AVENUE
PEMBROKE PINES, FL 33028 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: LEWY, ALEXANDER
Address: PO BOX 8681
City-St-Zip: FORT LAUDERDALE, FL 33310

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

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

Title: DT () Delete
Name: BARATZ, MATTHEW
Address: PO BOX 8681
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: D () Delete
Name: JOYCE, ANTHONY
Address: PO BOX 8681
City-St-Zip: FORT LAUDERDALE, FL 33310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JOHN, ELROY
Address: PO BOX 8681
City-St-Zip: FORT LAUDERDALE, FL 33310

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GALLAGHER, ANNIE
Address: PO BOX 8681
City-St-Zip: FORT LAUDERDALE, FL 33310

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: MATTHEW BARATZ

DT

03/09/2009

Electronic Signature of Signing Officer or Director

Date