

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001273

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** BROWARD LEAGUE OF MAYORS, INC.

**Current Principal Place of Business:**

115 S. ANDREWS AVENUE  
SUITE 122  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

115 S. ANDREWS AVENUE  
SUITE 122  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-4974725      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOREN, SAMUEL S  
GOREN, CHEROF, DOODY & EZROL, P.A.  
3099 E. COMMERCIAL BLVD., SUITE 200  
FORT LAUDERDALE, FL 33308 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  
Name: MOSELEY, LORI  
Address: 115 S ANDREWS AVE #122  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V  
Name: COOPER, JOY  
Address: 115 S ANDREWS AVE #122  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S  
Name: RESNICK, GARY  
Address: 115 SOUTH ANDREWS AVENUE, #122  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T  
Name: ARMSTRONG, RAE CAROLE  
Address: 115 SOUTH ANDREWS AVENUE, #122  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: RHONDA CALHOUN

EXDI

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date