

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90017 007 \*\*\*\*61.25

**DOCUMENT # N06000007885**

1. Entity Name  
**BILLBOARD CONNECTION ADVERTISING FUND, INC.**



Principal Place of Business  
**2121 VISTA PARKWAY  
WEST PALM BEACH, FL 33411**

Mailing Address  
**2121 VISTA PARKWAY  
WEST PALM BEACH, FL 33411**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-5275408**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARY, DAVID E  
2121 VISTA PARKWAY  
WEST PALM BEACH, FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME REED, ROBERT D  
STREET ADDRESS PO BOX 432  
CITY-ST-ZIP HATFIELD, PA 19440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MENG, DENISE  
STREET ADDRESS 1956 B BUFORD HWY  
CITY-ST-ZIP DULUTH, GA 30097

TITLE UPD ☒ Change ☐ Addition  
NAME MENG, DENISE  
STREET ADDRESS 3665 SWIFTWATER DR.  
CITY-ST-ZIP SWANEE, GA 30024

TITLE SD ☐ Delete  
NAME OLLARY, DAVID  
STREET ADDRESS 7910 WOODMONT AVE  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE SD ☒ Change ☐ Addition  
NAME O'LEARY, DAVID  
STREET ADDRESS 7910 WOODMONT AVE  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE TD ☒ Delete  
NAME COLTHARP, MICHAEL II  
STREET ADDRESS PO BOX 8  
CITY-ST-ZIP ROSEVILLE, CA 95678

TITLE TD ☐ Change ☒ Addition  
NAME MORTON, PHIL  
STREET ADDRESS 800 SUMMER STREET  
CITY-ST-ZIP FRANKLIN, MA 02038

TITLE D ☐ Delete  
NAME BELL, KATHY  
STREET ADDRESS 4929 BRYWILL CIR  
CITY-ST-ZIP SARASOTA, FL 34277

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME ALEXANDER, BRIAN  
STREET ADDRESS 1015 GAYLEY AVE  
CITY-ST-ZIP LOS ANGELES, CA 90024

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/08 678 857 7054