

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006182

FILED
Jan 08, 2009
Secretary of State

Entity Name: TRAILBLAZER OF BROWARD COUNTY, INC

Current Principal Place of Business:

1710 NW 27TH AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1710 NW 27TH AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

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

Name and Address of Current Registered Agent:

EDWARDS, SAUNDRA
411 NE 33RD STREET
OAKLAND PARK, FL 33334 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: PC () Delete
Name: CUMMINGS, BEAUREGARD
Address: 1710 NW 27TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V () Delete
Name: RIZOR, MARY
Address: 2780 NW 25TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S () Delete
Name: WRIGHT, NORMA
Address: 1516 NW 24TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T () Delete
Name: FRANKLIN, ROCHELL
Address: 771 NW 22ND ROAD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: BRADLEY, JAMES
Address: 1480 NW 33RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MAN () Delete
Name: TUNNAGE, LEWIS
Address: 450 NW 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

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: BEAUREGARD CUMMINGS

MR.

01/08/2009

Electronic Signature of Signing Officer or Director

Date