2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08426

FILED Jan 21, 2004 Secretary of State

Entity Name: BROWARD SHERIFF'S ADVISORY COUNCIL, INC.

Current Principal Place of Business:					New Principal Place of Business:			
SUITE 409	MMERRICAL I DERDALE, FL		JS					
Current Mailing Address:					New Mailing Address:			
8930 STATE ROAD 84 316 DAVIE, FL 33324 US					573 RACQUET CLUB ROAD 15 WESTON, FL 33326 US			
FEI Number:	59-2600022	FEI Number	Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Statu	s Desired ()
Name and	Address of Ci	urrent Regi	stered Agent:		Name and	Address of	New Registered A	gent:
2929 E. CO SUITE 409 FORT LAUI		33308 US		urpose o	SUITE 3 FORT LAU	2ND STREE DERDALE, F	T FL 33312 US office or registered	agent, or both,
	RE: ALAN STO	TOKV					01/21/2004	1
SIGNATOR			of Registered Age	nt			Date	<u> </u>
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I NIEHAUS, ROBE 5960 NE 28TH A FT. LAUDERDAL	VE			Title: Name: Address: City-St-Zip:	D () CHRISTENSO 1430 NORTH I WESTON, FL	PARK DRIVE	
Title: Name: Address: City-St-Zip:	D () I INDOWSKY, HYI 2929 E. COMME FORT LAUDERD	RICAL BLVD			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I CYKTOR, LOUIS 2510 DEL LAGO FORT LAUDERD	DRIVE	16		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEPHENS, JAN 200 FIESTA WA FT LAUDERDAL	Y			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I STOTSKY, ALAN 400 ISLE OF PA FORT LAUDERD	LMS	01		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () YOUNG, HARVE 424 ROYAL PLA FORT LAUDERD	ZA DR	01		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN STOTSKY D 01/21/2004