2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 22, 2005 8:00 am
Secretary of State
03-23-2005 90030 037 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N08426

1. Entity Name

BROWARD SHERIFF'S ADVISORY COUNCIL, INC.

Principal Place of Business	Mailing Address
2929 E. COMMERRICAL BLVD SUITE 409 FORT LAUDERDALE FL 33308 US	573 RACQUET CLUB ROAD 15 WESTON FL 33326 US

2. Principal Place of Business	3. Mailing Address
	8930 State Rd 84
Suite, Apt. #, etc.	Suite, Apt. #, etc. #316
City & State	City & State Davie, FL
Zip / Country	Zip 33324 / Country

4. FEI Number 59-2600022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALAN STOTSKY
1411 S.W. 2ND STREET
SUITE 3
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: Hyman Indowsky

Street Address (P.O. Box Number is Not Acceptable): 2929 E. Commercial Blvd. #407

City: Ft. Lauderdale FL Zip Code: 33308

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: Hyman Indowsky DATE: 4-19-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSON, DAN 1430 NORTH PARK DRIVE WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INDOWSKY, HYMAN 2929 E. COMMERICAL BLVD SUITE 409 FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYKTOR, LOUIS 2510 DEL LAGO DRIVE FORT LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, JAMES 200 FIESTA WAY FT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOTSKY, ALAN 400 ISLE OF PALMS FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, HARVEY 424 ROYAL PLAZA DR FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Hyman Indowsky 3-17-05 954 491-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #