2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08426

FILED Feb 27, 2009 Secretary of State

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

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
	2 STREET							
SUITE 3 FORT LAU	JDERDALE, FL	. 33312	US					
Current Mailing Address:				New Maili	New Mailing Address:			
P.O. BOX FORT LAU	350064 JDERDALE, FL	. 33316	US					
El Number	: 59-2600022	FEI Numl	per Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	l Address of C	urrent Re	gistered Agent:	Name and	Address of	New Registered Agent:		
STOTSKY 1411 SW 2	, ALAN 2 STREET							
ORT LAU	JDERDALE, FL	. 33312 L	JS					
	named entity s e of Florida.	ubmits thi	is statement for the p	urpose of changing i	ts registered	I office or registered agent, o	r both,	
SIGNATU								
	Electron	ic Signatu	re of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () NICK, NAVARRO 2604 INLET DR FORT LAUDERI	IVE	3316	Title: Name: Address: City-St-Zip:		() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () DIETRICH, GEO 4410 NE 31ST A LIGHTHOUSE P	AVENUE	3064	Title: Name: Address: City-St-Zip:		() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () STOTSKY, ALAI 1411 SW 2 STR FORT LAUDERI	EET, SUITE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () ROMANOVITZ, I 828 SE 4TH STI FT LAUDERDAL	REET	n1 US	Title: Name: Address: City-St-Zip:	LEWIS, ORE 1925 HARBO	(X) Change()Addition IN R DRVIEW DRIVE DALE, FL 33316 US		
Fitle: Name: Address:	D () ADLER, RUSSE 401 LAS OLAS FORT LAUDERI	BLVD, SUIT		Title: Name: Address: City-St-Zip:	DINUNZIO, N 1390 S. OCE	(X) Change () Addition IICHOLAS EAN BOULEVARD ERDALE, FL 33301 US		
City-St-Zip:	D ()	Delete		Title: Name:	D YOUNG, HAF	(X) Change () Addition		

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: ALAN STOTSKY D 02/27/2009