

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005635

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** BROWARD COUNTY INSTITUTIONS COMMITTEE, INC.

**Current Principal Place of Business:**

7777 GLADES ROAD, STE 209  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

7777 GLADES ROAD, STE 209  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 27-0347448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT F. MAHONEY, PA  
7777 GLADES ROAD, STE 209  
BOCA RATON, FL 33434 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:** D  
**Name:** ZSCHOCHÉ, SCOTT  
**Address:** PO BOX 22701  
**City-St-Zip:** FT. LAUDERDALE, FL 33335

**Title:** D  
**Name:** GLASS, JAMES P  
**Address:** PO BOX 22701  
**City-St-Zip:** FT. LAUDERDALE, FL 33335

**Title:** D  
**Name:** HELTON, ROBERT E  
**Address:** PO BOX 22701  
**City-St-Zip:** FT. LAUDERDALE, FL 33335

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES P GLASS

D

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date