

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13654

FILED
Mar 31, 2009
Secretary of State

Entity Name: BROWARD COUNTY LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1082
FT. LAUDERDALE, FL 33302

New Principal Place of Business:

100 S ANDREWS AVE
FT. LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 1082
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0119974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOVANOVIC, MARIANA
2312 N 46 AVE #G567
HOLLYWOOD, FL 33021 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: PD () Delete
Name: POLLACK, NEIL
Address: 4600 SW 82 NE
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: VENTURA, PATRICIA
Address: 16335 SHERIDAN ST
City-St-Zip: PEBROKE PINES, FL 33331

Title: S () Delete
Name: EUBANKS, MARY ELLEN
Address: 4205 BONAVENTURE BLVD
City-St-Zip: WESTON, FL 33332

Title: TD () Delete
Name: JOVANOVIC, MARIANA
Address: 1812 N 46 AVE G 567
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: RUSSO, CAROL
Address: 2600 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: MAYS-POLLACK, MARGARET
Address: 4600 SOUTHWEST 82ND AVENUE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VENTURA, PATRICIA
Address: 16335 SHERIDAN ST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: VD (X) Change () Addition
Name: DRAPER, WAYNE
Address: 100 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S (X) Change () Addition
Name: SCHLYEN, ALISON
Address: 100 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
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: JOVANOVIC, MARIANA

MRS

03/31/2009

Electronic Signature of Signing Officer or Director

Date