

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14102 (0)**  
1. Corporation Name  
**BROWARD ECONOMIC DEVELOPMENT COUNCIL, INC.**



Principal Place of Business Mailing Address  
**200 E. LAS OLAS BLVD., #1850** **200 E. LAS OLAS BLVD., #1850**  
**FT. LAUDERDALE FL 33301** **FT. LAUDERDALE FL 33301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1986</b>		3a. Date of Last Report <b>02/01/1995</b>	
21		26		4. FEI Number <b>59-2697760</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GARVER, JAMES A.**  
**200 E. LAS OLAS BLVD., #1850**  
**FT. LAUDERDALE FL 33301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **James A. Garver, President** **1/30/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, THOMAS J</b>	1.2 NAME	
STREET ADDRESS	<b>614 S FEDERAL HIGHWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSTAFSON, JOEL K.</b>	2.2 NAME	
STREET ADDRESS	<b>540 NW 4TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORLAND, JOHN</b>	3.2 NAME	<b>Jerome Ingate</b>
STREET ADDRESS	<b>10033 NW 17 STREET</b>	3.3 STREET ADDRESS	<b>4400 N. Federal Highway</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, DANIEL</b>	4.2 NAME	
STREET ADDRESS	<b>12 NE 24TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARVER, JAMES A.</b>	5.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD 1850</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN, ROBERT H.</b>	6.2 NAME	
STREET ADDRESS	<b>1401 E. BROWARD BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUD FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James A. Garver, President** **1/30/96 954-524-**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # **3113**

CR2E037 (12/95)