2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 19, 2002 8:00 am Secretary of State **DOCUMENT # N16801** GIRL SCOUTS OF BROWARD COUNTY, INC. 05-19-2002 90216 016 ****70.00 Principal Place of Business Mailing Address 4701kNW 33RD AVE 4701 NW 33RD AVE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0657327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOREN, SAMUEL S Street Address (P.O. Box Number is Not Acceptable) 8099 E., COMMERCIAL BLVD. SUITE #200 筆孔 LAUDERDALE FL 33308 City Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. FVPD TITLE Delete Addition TITLE CR2E037 (9/01 EUS DR MAGDELENS 2500 NW 16T CT COWEN, CATHY NAME NAME 2365 NE 24 STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 FT LAUDERDALE TI. CITY-ST-ZIP CITY-ST-ZIP XI. Delete TITLE Ciarkson Japana 250 E las Olas Blud #1420 WRIGHT, ANTHONY D NAME **3701 N W 16TH STREET** STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE, Fl TITLE Delete TITLE BROWN DOUGLAS C = ---NAME HEMDERSON, GEORGE NAMÉ 1215 SE 2ND AVE. #102 STREET ADDRESS STREET ADDRESS 2308 NE 2014 St FT.LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP tt lauderdale t TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 1 34 NAME NAME 主义的 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED