

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90067 012 ****61.25

20013539




DOCUMENT # N22230 1. Entity Name REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC.					
Principal Place of Business 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US			Mailing Address 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0003512				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, STEPHEN J ESQ. 1401 E BROWARD BLVD STE 200 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDETTE BRUCK <input type="checkbox"/> Delete 6610 N UNIV DR, STE 200 TAMARAC, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUCK, CLAUDETTE - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DECEASARE, EVELYN J <input type="checkbox"/> Delete 3430 GALT OCEAN DR #1111 FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECEASARE, EVELYN J - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MYRTLE T <input type="checkbox"/> Delete 901 S.E. 17 ST, #206 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, MYRTLE T - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALISTRERI, JAMES M <input checked="" type="checkbox"/> Delete 1350 N. FEDERAL HWY. POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, TERRY <input type="checkbox"/> Delete 850 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, TERRY - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROWE, LARRY R 4412 E TRADEWINDS AVE LAUDERDALE-BY-THE-SEA FL 33308	
12. 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/8/05 Daytime Phone #					

(cont'd)

ATTACHMENT 20013539
ADDITIONAL OFFICERS/TRUSTEES FOR
REALTOR® ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE
FOUNDATION, INC.

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT – DOCUMENT #N22230

CONTINUATION OF BLOCK 11

TITLE 
NAME METEVIER, CAROL
STREET ADDRESS 4280 GALT OCEAN DRIVE PH M
CITY – ST – ZIP FORT LAUDERDALE FL 33308-6147

TITLE S/T
NAME DER BEDROSSIAN, SIRAN
STREET ADDRESS 931 NE 48TH STREET
CITY – ST – ZIP FORT LAUDERDALE FL 33334-3914

TITLE
NAME BENCHICK, CYNTHIA L - T
STREET ADDRESS 3317 NW 10 TERR
CITY – ST – ZIP FORT LAUDERDALE FL 33309

TITLE
NAME QUINLAN, BILL - T
STREET ADDRESS 942 E CYPRESS CREEK ROAD
CITY – ST – ZIP FORT LAUDERDALE FL 33334

TITLE
NAME WARREN, KAY - T
STREET ADDRESS 120 E OAKLAND PARK BLVD #108
CITY – ST – ZIP OAKLAND PARK FL 33334

TITLE
NAME WINTER, JEFFREY F - T
STREET ADDRESS 1300 SW 15TH STREET
CITY – ST – ZIP BOCA RATON FL 33486

CONTINUATION OF BLOCK 12.

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 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


DATE

DAYTIME PHONE #