


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 047 ****61.25

| | | | | | |
|--|--|--|--|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0003512 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SIMMONS, STEPHEN J ESQ. 1401 E BROWARD BLVD STE 200 FT LAUDERDALE, FL 33301 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 2007 | | 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 | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRUCK, CLAUDETTE | | NAME | | |
| STREET ADDRESS | 6610 N UNIV DR, STE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DECEASARE, EVELYN J | | NAME | | |
| STREET ADDRESS | 3430 GALT OCEAN DR #1111 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROWE, LARRY R | | NAME | | |
| STREET ADDRESS | 4412 E. TRADEWINDS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERDALE-BY-THE-SEA, FL 33308 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | METEVIER, CAROL R | | NAME | | |
| STREET ADDRESS | 3438 N OCEAN BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DER BEDROSSIAN, SIRAN | | NAME | T | |
| STREET ADDRESS | 931 NE 48TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 333343914 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WARREN, KAY | | NAME | ST | |
| STREET ADDRESS | 120 E OAKLAND PARK BLVD #108 | | STREET ADDRESS | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33334 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | 2-1-07 <small>Date</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |

40011470



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0003512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, STEPHEN J ESQ.
1401 E BROWARD BLVD STE 200
FT LAUDERDALE, FL 33301

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.

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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Due by May 1, 2007**

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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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BRUCK, CLAUDETTE
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TAMARAC, FL

T
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DECEASARE, EVELYN J
STREET ADDRESS
3430 GALT OCEAN DR #1111
CITY-ST-ZIP
FT. LAUDERDALE, FL 33308

T
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P
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3438 N OCEAN BLVD
CITY-ST-ZIP
FORT LAUDERDALE, FL 33308

ST
NAME
DER BEDROSSIAN, SIRAN
STREET ADDRESS
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CITY-ST-ZIP
FORT LAUDERDALE, FL 333343914

V
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STREET ADDRESS
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2-1-07
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

| | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01302007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-0003512 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
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| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| Winter Jeffrey F 1300 SW 15th St Boca Raton, FL 33486 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| SIGNATURE: <u>Carol Q. Mettewer</u> 2-1-07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

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