## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22230

## **FILED** Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90029 002 \*\*\*\*61.25

1. Entity Name REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC.								
1765 N.E. 26TH STREET 17			Mailing Address 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US				DITIK BIDIT DIZKI DIDIT BI	<b>1</b>     <b>1</b>    <b>1</b>    1 <b> </b>   1
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082008 <sub>CI</sub>	ng-NP C	R2E037 (12/06)	
City & State		City & State			4. FEI Number 65-000351	2	<b>⊢</b>	pplied For
Zip,	Country	Zip	Country		5. Certificate of St	atus Desired [	\$8.75 Ac	ditional
6. Name and Address of Current R		gistered Agent			7. Name and Address of New Registered Agent			
SIMMONS, STEPHEN J ESQ.			Name				•	
1401 E BR	RDALE, FL 33301		Street Address		P.O. Box Number is I	Not Acceptable)		
	•		City				FL Zip Co	de
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								
signature Loubschaffe 2/29/08								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.				check payable Department of S	
10.	OFFICERS AND DIRI	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS I	N 10
TITLE	T ···	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	BRUCK, CLAUDETTE 6610 N UNIV DR, STE 200		NAME STREET ADDRESS					
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE				☐ Change	Addition
NAME	DECEASARE, EVELYN J		NAME.				•	
STREET ADDRESS CITY-ST-ZIP	3430 GALT OCEAN DR #1111		STREET ADDRESS CITY-ST-ZIP					
	FT. LAUDERDALE, FL 33308	D o.t	SITLE			<del></del>	Change	Addition:
TITLE NAME	ROWE, LARRY R	☐ Delete	NAME				☐ Change	Addition
STREET ADDRESS	4412 E. TRADEWINDS AVE		STREET ADDRESS				1566-3 1	eq v= ve
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL	33308	CITY-ST-ZIP		<del></del>			
TITLE	P AFTER CAROL D	☐ Delete	TITLE	ア			Change Change	Addition
NAME STREET AOORESS	METEVIER, CAROL R 3438 N OCEAN BLVD		NAME STREET ADDRESS				•	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE	P	-		Change	Addition
NAME	DER BEDROSSIAN, SIRAN		NAME	'			•	
STREET ADDRESS CITY-ST-ZIP	931 NE 48TH ST   FORT LAUDERDALE, FL 333343	014	STREET ADDRESS CITY-ST-ZIP					
TITLE	ST	Delete	TITLE	-			Change	Addition
NAME	WARREN, KAY	□ Delete	NAME	7			pa brange	
STREET ADDRESS	120 E OAKLAND PARK BLVD #10	08	STREET ADDRESS					
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP	l	<del></del>			
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.								
shalos and and and and								
SIGNATURE: 254-938-9858								

## 2008 NOT-FOR-PROFIT CORPORATION

## ATTACHMENT ANNUAL REPORT DOCUMENT 1. Entity Name REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 1765 N.E. 26TH STREET 1765 N.E. 26TH STREET FORT LAUDERDALE, FL 33305-1438 US FORT LAUDERDALE, FL 33305-1438 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0003512 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMONS, STEPHEN J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1401 E BROWARD BLVD STE 200 FT LAUDERDALE, FL 33301 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing ு ; Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. HILE ZΠE Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition ☐ Delete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change HILE NAME NAME Palmer STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP TRLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CHY-SI-7/P ☐ Oelete TITLE ☐ Change Addition TITLE RAME

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 frue 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CHY-SI-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/20/08 Date Date Daylone Prone I