

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31735

FILED
Apr 21, 2005
Secretary of State

Entity Name: THE OHIO STATE UNIVERSITY ALUMNI CLUB OF BROWARDCOUNTY, FLORIDA, INC.

Current Principal Place of Business:

1401 E ATLANTIC BLVD
POMPANO BCH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1401 E ATLANTIC BLVD
POMPANO BCH, FL 33060 US

New Mailing Address:

FEI Number: 65-0179403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORTHALS, JOHN L.
1401 E ATLANTIC BLVD
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LENZ, JUDITH,
Address: 8531 WHISPERING OAKS WAY
City-St-Zip: W. PALM BEACH, FL

Title: PD () Delete
Name: GOTTLIEB, SUSAN
Address: 3505 N ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Delete
Name: MONNETTE, PAT
Address: 4827 SW 30TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DVP () Delete
Name: KORTHALS, JOHN L
Address: 1401 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD (X) Delete
Name: MESERDLL, DAN
Address: 8081 D SEVERN DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GOTTLIEB, SUSAN
Address: 575 OAKS LANE
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. KORTHALS

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date