

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31735

FILED  
Mar 30, 2006  
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:**

700 E ATLANTIC BLVD  
SUITE 200  
POMPANO BCH, FL 33060 US

**Current Mailing Address:**

1401 E ATLANTIC BLVD  
POMPANO BCH, FL 33060 US

**New Mailing Address:**

700 E ATLANTIC BLVD  
SUITE 200  
POMPANO BCH, FL 33060 US

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:**

KORTHALS, JOHN L.  
700 E ATLANTIC BLVD  
SUITE 200  
POMPANO BCH, FL 33060 US

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:

03/30/2006

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: 575 OAKS LANE  
City-St-Zip: POMPANO BEACH, FL 33069

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: LENZ, JUDI  
Address: 8531 WHISPERING OAKS WAY  
City-St-Zip: W. PALM BEACH, FL 33411

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

Title: DVP (X) Change ( ) Addition  
Name: KORTHALS, JOHN L  
Address: 700 E. ATLANTIC BLVD., SUITE 200  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

DVP

03/30/2006

Electronic Signature of Signing Officer or Director

Date