

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36984

FILED
Jan 04, 2007
Secretary of State

Entity Name: BROWARD COUNTY MUMMERS, INC.

Current Principal Place of Business:

900 SW 54TH AVE
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

900 SW 54TH AVE
2
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 65-0180715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULTMAN, JACK
900 SW 54TH AVE
POMPANO BEACH, FL 33068 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: P () Delete
Name: HULTMAN, JACK
Address: 900 S.W. 54TH AVE.
City-St-Zip: MARGATE, FL 33068

Title: V () Delete
Name: MARMER, MEL
Address: 7309 MOROCCA LAKE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: TRAYER, JOAN
Address: 2811 NW 62ND TERRACE
City-St-Zip: HOLLYWOOD, FL 33083

Title: TD () Delete
Name: CHAMIKLES, MIKE
Address: 13036 ISABELLA TERRACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: HAGERTY, TONY
Address: 6325 SARATOGA CIRCLE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: VILLANI, JERRY
Address: 2161 NE 68TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: LITTLE, JAN
Address: 4750 NE 14TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

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

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

Title: D (X) Change () Addition
Name: JOHNSON, IAN
Address: 55 NE 212TH TERRACE
City-St-Zip: MIAMI, FL 33179

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: MEL MARMER

VP

01/04/2007

Electronic Signature of Signing Officer or Director

Date