2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N36984

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:

900 SW 54TH AVE
MARGATE, FL 33068 US

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:

HULTMAN, JACK
900 SW 54TH AVE
MARGATE, FL 33068 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: _____ 01/03/2008
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:	LITTLE, JAN	
Address:	4750 NE 14TH TERRACE	
City-St-Zip:	POMPANO BEACH, FL 33064	
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:	JOHNSON, IAN	
Address:	55 NE 212TH TERRACE	
City-St-Zip:	MIAMI, FL 33179	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: IAN JOHNSON MR. 01/03/2008
Electronic Signature of Signing Officer or Director — Date