

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37023

FILED
Apr 07, 2009
Secretary of State

Entity Name: BROWARD COUNTY COUNCIL OF CHAMBERS OF COMMERCE, INC.

Current Principal Place of Business:

11805 HERON BAY BLVD.
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

330 N FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 US

Current Mailing Address:

1290 WESTON ROAD
SUITE 200
WESTON, FL 33326

New Mailing Address:

1290 WESTON ROAD
SUITE 312
WESTON, FL 33326

FEI Number: 65-0346412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELKOPF, DONNA
1290 WESTON ROAD
SUITE 200
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ADELKOPF, DONNA
1290 WESTON ROAD
SUITE 312
WESTON, FL 33326 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: DONNA M ADELKOPF

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BRIEF, CINDY
Address: 11805 HERON BAY BLVD.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: TOKAR, STELLA
Address: 10100 PINES BLVD., 4TH FLOOR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: ADELKOPF, DONNA
Address: 1290 WESTON ROAD, SUITE 200
City-St-Zip: WESTON, FL 33326

Title: CE (X) Delete
Name: GAMBINO, LAURN
Address: 330 N. FEDERAL HWY.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GAMBINO, LAURA
Address: 330 N FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: T (X) Change () Addition
Name: ADELKOPF, DONNA
Address: 1290 WESTON ROAD, SUITE 312
City-St-Zip: WESTON, FL 33326

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: DONNA M ADELKOPF

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date