

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38390

FILED
May 06, 2009
Secretary of State

Entity Name: BROWARD NAVY DAYS, INC.

Current Principal Place of Business:

5300 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

5300 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0248096 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RYAN, CHRISTOPHER J
700 EAST DANIA BEACH BLVD.
DANIA, FL 33004 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: C/D () Delete
Name: MILLSAPS, JOSEPH
Address: 5300 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: ANDERSON, PAUL
Address: 2108 NE 18 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: DIEGO, ROMERO
Address: 15065 NW 7 AVE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: GRAY, MARY ANNE
Address: 2101 NE 33 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S () Delete
Name: HAIKO, PAULA
Address: 4145 CYPRESS REACH COURT, # 505
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: JOSEPH R. MILLSAPS

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date