


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N39095 1. Entity Name SOUTH FLORIDA VETERANS MULTI-PURPOSE CENTER, INC.	
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Principal Place of Business 1888 N UNIVERSITY DR PLANTATION, FL 33322 US	Mailing Address 1888 N UNIVERSITY DR PLANTATION, FL 33322 US
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01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205276	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BAMBURY, ROBERT J.
13841 SW 36TH COURT
DAVIE, FL 33330-1505**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000611368
02/02/07-80059-004 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAMBURY, ROBERT J. 13841 S.W. 36TH COURT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, TORELLI 1888 N. UNIVERSITY DRIVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGE, BAMBURY 1888 N. UNIVERSITY DRIVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **ROBERT J. BAMBURY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-07 954-976-8381
Date Daytime Phone #