2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39892

FILED Jan 03, 2007 Secretary of State

Entity Name: COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.

	rincipal Place of Business:	New Principal Place of Business:
4185 N. S. FORT LAU	R. 7 JDERDALE, FL 33319 US	
Current M	lailing Address:	New Mailing Address:
4185 N. S. FORT LAU	.R. 7 JDERDALE, FL 33319 US	
FEI Number	: 65-0216677 FEI Number Applied	or () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of Current Registered	gent: Name and Address of New Registered Agent:
4185 N. S	MICHAEL T. RD. 7 JDERDALE, FL 33319 US	
	e named entity submits this stateme e of Florida.	t for the purpose of changing its registered office or registered agent, or bo
SIGNATU	RE:	
	Electronic Signature of Reg	tered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	TD () Delete FARMER, GERALD 6711 N. OCEAN BLVD. #8 OCEAN RIDGE, FL 33435	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle:	D () Delete KOPPERL, SID	Title: () Change () Addition Name:
Name: Address: City-St-Zip:	7251 W. PALMETTO PARK RD BOCA RATON, FL 33433	Address: City-St-Zip:
Address: City-St-Zip: Fitle: Name: Address:		City-St-Zip: Title: () Change () Addition Name:
Address:	BOCA RATON, FL 33433 D () Delete ZELLERS, GORDON B 1560 SAWGRASS CORPORATE PWY SUNRISE, FL 33323 SD (X) Delete FAIR, BARBARA 4913 NW 66TH AVENUE	City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	BOCA RATON, FL 33433 D () Delete ZELLERS, GORDON B 1560 SAWGRASS CORPORATE PWY SUNRISE, FL 33323 SD (X) Delete FAIR, BARBARA 4913 NW 66TH AVENUE	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: MICHAEL FLATLEY PD 01/03/2007