# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# N39892

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

**Current Principal Place of Business:**

3217 NW 10TH TERRACE
306
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3217 NW 10TH TERRACE
306
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number: 65-0216677** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLATLEY, MICHAEL
3217 NW 10TH TERRACE
306
FORT LAUDERDALE, FL 33309 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: | TD | ( ) Delete |
| Name: | FARMER, GERALD | |
| Address: | 6711 N. OCEAN BLVD. #8 | |
| City-St-Zip: | OCEAN RIDGE, FL 33435 | |
| Title: | D | ( ) Delete |
| Name: | KOPPERL, SID | |
| Address: | 7251 W. PALMETTO PARK RD | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | D | ( ) Delete |
| Name: | MCGAFFIC, THOMAS | |
| Address: | 1560 SAWGRASS CORPORATE PWY #300 | |
| City-St-Zip: | SUNRISE, FL 33323 | |
| Title: | PD | ( ) Delete |
| Name: | FLATLEY, MICHAEL | |
| Address: | 3217 NW 10TH TERRACE, SUITE 306 | |
| City-St-Zip: | FORT LAUDERDALE, FL 33309 US | |
| Title: | CD | ( ) Delete |
| Name: | MCNALLY, PHILIP G | |
| Address: | 640 N FEDERAL HWY | |
| City-St-Zip: | FT. LAUDERDALE, FL 33304 | |

**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: MICHAEL FLATLEY PD 01/14/2009

Electronic Signature of Signing Officer or Director — Date