## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 11, 2005 8:00 am Secretary of State DOCUMENT # N42501 1. Entity Name BROWARD SEAHAWKS SWIM TEAM BOOSTER CLUB, 05-11-2005 90122 028 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address 3320 NW 97 WAY SUNRISE CIVIC CENTER 10610 WEST OAKLAND PARK BLVD. SUNRISE, FL 33351 US SUNRISE, FL 33351 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0245482. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **HELEN PARDO** Street Address (P.O. Box Number is Not Acceptable) 3320 NW 97 WAY SUNRISE, FL 33351 City Zip Code 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 9. Election Campaign Financing Make check payable to Fiting Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE ☐ Delete TITLE ■ Addition PARDO, HELEN NAME NAME 3320 NW 97 WAY STREET ADDRESS STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME BRILEY, CAMILLE NAME 8434 NW 40 CT. STREET ADDRESS STREET AUDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33351 CITY-ST-ZIP $Q \overline{V} V$ **VPD** Change Addition TITLE **X** Delete TITLE Townshend, Lorna Blud SHCULZ, CARLOS NAME NAME STREET ADDRESS 1299 NW 126 AVE. STREET ADDRESS 10012 Winding Laker Sunrise Fl. 33351 CITY-ST-ZIP FORT LAUDERDALE, FL 33323 CITY-ST-ZIP Sunrise Fl. Change MILE Delete TITLE ■ Addition Wiesenthal, Yvonne 301 NW 63 Terr GOODWIN, DENISE NAME NAME STREET ADDRESS 2770 NW.115 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33065 Plantation, Fl. 33323 Delete TITS E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my members. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone #

**FILED** 

Est : Eda