


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90138 009 \*\*\*\*61.25

<b>DOCUMENT # N44217</b>	
1. Entity Name <b>BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION</b>	

Principal Place of Business <b>115 S ANDREWS AVE. GOVERNMENT CENTER, S-423 FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>115 S ANDREWS AVE. GOV'T CTR, STE #513 FT. LAUDERDALE, FL 33301</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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LALLA, MATTHEW R. 115 S ANDREWS AVE. GOVERNMENT CTR, STE 513 FT. LAUDERDALE, FL 33301		Name <b>Heller, Melissa P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 S. Andrews Ave., Room 513</b> Governmental Center City <b>Fort Lauderdale</b> FL <b>33301</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRABER, BEN 7460 WOODMONT TERRACE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ritter, Stacy 7711 Salem Lane Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, ILENE 4809 WOODLANDS BLVD. TAMARC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wexler, Lois 16175 Golf Club Road, Apt 301 Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JAMES A 3030 N E 40 STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keechl, Ken 2601 NE 37th Street Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNZBURGER, SUZANNE N. 803 N. SOUTHLAKE DRIVE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Eggelletion, Josephus 3376 NW 21 Street Lauderdale Lakes, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODSTROM, JOHN E. 66 NURMI DRIVE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobs, Kristin 651 NE 5th Street Pompano, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERMAN-RUBIN, DIANA 5731 SW 196 LANE SOUTHWEST RANCHES, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>M. Heller</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/3/07</u> Date	<u>954.357.7132</u> Daytime Phone #
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4. FEI Number <b>65-0276964</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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