## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44217

FILED Apr 16, 2009 Secretary of State

Entity Name: BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

	Principal Place of Business:	New Principal Place	VI Busiliess.	
GOVERN	DREWS AVE. MENT CENTER, S-423 DERDALE, FL 33301			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
GOV'T C	DREWS AVE. TR, STE #513 DERDALE, FL 33301			
FEI Numbe	r: 65-0276964 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of Current Registered Agent	:: Name and Address o	of New Registered Agent:	
FINANCÉ 115 S. AN FORT LA The above	MELISSA P E& ADMIN SVS DEPT, ROOM 513 IDREWS AVE UDERDALE, FL 33301 US e named entity submits this statement for t	he purpose of changing its registere	d office or registered agent, or both	
	te of Florida.			
SIGNATU	IRE: Electronic Signature of Registered	Agent	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D ( ) Delete RITTER, STACY 7711 SALEM LANE PARKLAND, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ( ) Delete LIEBERMAN, ILENE	Title: Name:	( ) Change ( ) Addition	
Name: Address: City-St-Zip:	4809 WOODLANDS BLVD.	Address: City-St-Zip:		
Address:	4809 WOODLANDS BLVD.		( ) Change ( ) Addition	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	4809 WOODLANDS BLVD. TAMARC, FL 33319  D ( ) Delete KEECHEL, KEN 2601 NE 37TH STREET	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address:	4809 WOODLANDS BLVD. TAMARC, FL 33319  D ( ) Delete KEECHEL, KEN 2601 NE 37TH STREET FORT LAUDERDALE, FL 33308  D ( ) Delete GUNZBURGER, SUZANNE N. 803 N. SOUTHLAKE DRIVE	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:		

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: MELISSA HELLER MS. 04/16/2009