

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46053

FILED
Mar 04, 2006
Secretary of State

Entity Name: SOUTHERN COUNTRY SOUTH FLORIDA, INC.

Current Principal Place of Business:

PO BOX 23512
FT LAUDERDALE, FL 333073512 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 23512
FT LAUDERDALE, FL 33307 US

New Mailing Address:

FEI Number: 65-0895007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGENBRIGHT, JUDY
4896 ALFRESCO STREET
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

LABRIE, JAMES
1514 NE 20TH ST
FORTLAUDERDALE, FL 33305 US

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: JAMES K. LABRIE

03/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS SR, DOUGLASS H
Address: 1101 SOUTH HILLCREST COURT APT 308
City-St-Zip: HOLLYWOOD, FL 33021

Title: TSD () Delete
Name: ARGENBRIGHT, JUDY L
Address: 4896 ALFRESCO STREET
City-St-Zip: BOCA RATON, FL 33048

Title: D () Delete
Name: PETERS, LEONARD A
Address: 3333 NE 34TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JAMES, LABRIE H
Address: 1514 NE 20TH ST
City-St-Zip: FORTLAUDERDALE, FL 33305

Title: TSD (X) Change () Addition
Name: COSIMANO, MICHAEL
Address: 3050 S. OAKLAND FOREST DR #2004
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BULLIS, TODD
Address: 500 N CONGRESS AVE APT 13
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Change (X) Addition
Name: FRANK, HERNANDEZ
Address: 902 NORTH B ST
City-St-Zip: LAKEWORTH, FL 33460

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: JAMES K. LABRIE

D

03/04/2006

Electronic Signature of Signing Officer or Director

Date