

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46053

FILED  
Apr 22, 2007  
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:**

BOX 23512  
FT LAUDERDALE, FL 333073512 US

**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:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BULLIS, TODD  
Address: 2420 NW 64 TERRACE  
City-St-Zip: SUNRISE, FL 33313

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

Title: D (X) Change ( ) Addition  
Name: FONESCA, WILSON  
Address: 2420 NW 64 TERRACE  
City-St-Zip: SUNRISE, FL 33313

Title: D (X) Change ( ) Addition  
Name: WALSH, FRANK  
Address: 5073 NE 14 TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

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

TSD

04/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date