

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001041

FILED
Apr 30, 2009
Secretary of State

Entity Name: BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

305 SE 18TH COURT
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

305 SE 18TH COURT
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0407370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, JOSE L
C/O ACCELERATED CONSULTING GROUP
150 S. PINE ISLAND RD #430
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MINDLING, JEFF
2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 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: JEFF MINDLING

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ANASTASATO, JANICE
Address: 7145 WEST OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33313

Title: C () Delete
Name: LAMBERT, STACEY DR.
Address: 3301 COLLEGE AVE., STE 2063
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: GONZALEZ, JOSE L
Address: 150 S. PINE ISLAND RD, #430
City-St-Zip: PLANTATION, FL 33324

Title: VC () Delete
Name: MINDLING, JEFFREY
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MINDLING, JEFF
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VC (X) Change () Addition
Name: SHAWN, MASUR
Address: 1612 SE 2ND COURT
City-St-Zip: FORT LAUDERDALE, FL 33309

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: STACEY LAMBERT

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date