

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001973

1. Entity Name
BROWARD COUNTY PHARMACISTS ASSOCIATION, INC.



Principal Place of Business
**4909 ADAMS ST
HOLLYWOOD, FL 33021**

Mailing Address
**4909 ADAMS ST
HOLLYWOOD, FL 33021**



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0518409

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
STEVERMAN, EMANUEL
493 NW 101ST AVE
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
FELDMAN, GERALD
2725 CAYENNE AVE
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
SWEET, DANIEL T
PO BOX 612225 N/A
NORTH MIAMI, FL 33261**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000005385
01/16/04-80011-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Katz

Date

Daytime Phone #

1/7/04

954 987-766