

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001973

FILED
Jan 06, 2006
Secretary of State

Entity Name: BROWARD COUNTY PHARMACISTS ASSOCIATION, INC.

Current Principal Place of Business:

4909 ADAMS ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4909 ADAMS ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0518409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD, FL 33021 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: DP () Delete
Name: STEVERMAN, EMANUEL
Address: 493 NW 101ST AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DP () Delete
Name: FELDMAN, GERALD
Address: 2725 CAYENNE AVE
City-St-Zip: COOPER CITY, FL 33026

Title: DS () Delete
Name: SWEET, DANIEL T
Address: PO BOX 612225 N/A
City-St-Zip: NORTH MIAMI, FL 33261

Title: DT () Delete
Name: KATZ, ALAN
Address: 4909 ADAMS ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALAN KATZ

MR.

01/06/2006

Electronic Signature of Signing Officer or Director

Date