

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004400

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: PRESIDENTS' COUNCIL, INC.

**Current Principal Place of Business:**

1531 SE 13TH ST  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1531 SE 13TH ST  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 65-0441822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DU MONT, PATRICIA  
1531 SE 13TH ST  
FT LAUDERDALE, FL 33316 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: PC ( ) Delete  
Name: DU MONT, PATRICIA  
Address: 1531 SE 13TH ST  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: DU MONT, DOLPH  
Address: 1531 SE 13TH ST  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: RIEDEL, MARY  
Address: 200 E LAS OLAS BLVD SUITE 1000  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: DS ( ) Delete  
Name: MOBERLEY, GROVER  
Address: 1950 EISENHOWER BLVD/CONVENTION CENTER  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT ( ) Delete  
Name: WEINSTEIN, FRED  
Address: 4875 NORTH FEDERAL HWY, 4TH FLOOR  
City-St-Zip: FT LAUDERDALE, FL 333084610

**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:

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

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: PATRICIA DU MONT

PC

03/18/2009

Electronic Signature of Signing Officer or Director

Date