

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004502

FILED
Jun 09, 2004
Secretary of State**Entity Name:** SOUTH FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.**Current Principal Place of Business:**15600 SW 288TH ST
SUITE 304
HOMESTEAD, FL 33033 US**New Principal Place of Business:****Current Mailing Address:**15600 SW 288TH ST
SUITE 304
HOMESTEAD, FL 33033 US**New Mailing Address:****FEI Number:** 65-0531530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVY, MORGAN I
15600 SW 288TH ST
SUITE 304
HOMESTEAD, FL 33033**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:** PD () Delete
Name: HENDRIX, NOBLE J
Address: 25399 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33031**Title:** VD () Delete
Name: MALLOCH, JIM
Address: 5100 COLLEGE RD RM 411 PUB SERV BLDG
City-St-Zip: KEY WEST, FL 33040**Title:** ST () Delete
Name: CRAWLEY, PATRICIA
Address: 3600 COLLEGE AVE
City-St-Zip: DAVIE, FL 33314**Title:** T () Delete
Name: LEVY, MORGAN I
Address: 15600 SW 288TH ST, S-402
City-St-Zip: HOMESTEAD, FL 33033**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: HENDRIX, NOBLE J
Address: 4932 SW ABERDEEN CIRCLE
City-St-Zip: PALM CITY, FL 34990**Title:** VP (X) Change () Addition
Name: MALLOCH, JIM
Address: 5100 COLLEGE RD RM 411 PUB SERV BLDG
City-St-Zip: KEY WEST, FL 33040**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 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 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: MORGAN LEVY

T

06/09/2004

Electronic Signature of Signing Officer or Director

Date