

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004502

FILED  
May 19, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

**Current Principal Place of Business:**

15600 SW 288TH ST  
SUITE 402  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

15600 SW 288TH ST  
SUITE 402  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

**FEI Number:** 65-0531530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JACK, THORLEY  
15600 SW 288TH ST  
SUITE 402  
HOMESTEAD, FL 33033 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRAWLEY, PATRICIA  
Address: 145600 SW 288 ST, SUITE 402  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Delete  
Name: KURUTZ, STEPHEN  
Address: 15600 SW 288 ST SUITE 402  
City-St-Zip: HOMESTEAD, FL 33033

Title: SEC ( ) Delete  
Name: PATRICK, QUINN  
Address: 15600 SW 288 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete  
Name: JACK, THORLEY I  
Address: 15600 SW 288TH ST, S-402  
City-St-Zip: HOMESTEAD, FL 33033

**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 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 CRAWLEY

P

05/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date