

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003556

1. Entity Name
COMMUNITY COUNCIL OF SOUTH BROWARD, INC.



FILED

07 SEP 21 PM 1:17

Principal Place of Business
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009

Mailing Address
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0612185

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDEIKIS, KRISTINE
3700 S.W. 39TH STREET
WEST PARK, FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRICE, MARVIN ☐ Delete
STREET ADDRESS 4001 S.W. 25TH STREET
CITY-ST-ZIP WEST PARK, FL 33023

TITLE VPD
NAME OUTLER, GUY F DR. ☐ Delete
STREET ADDRESS 2700 S.W. 46TH AVENUE
CITY-ST-ZIP WEST PARK, FL 33023

TITLE TD
NAME JUDEIKIS, KRISTINE ☐ Delete
STREET ADDRESS 3700 S.W. 39TH STREET
CITY-ST-ZIP WEST PARK, FL 33023

TITLE SD
NAME DAVIS, MARIE ☐ Delete
STREET ADDRESS 4649 S.W. 31ST DRIVE
CITY-ST-ZIP WEST PARK, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300109770383
CITY-ST-ZIP 09/21/07--01055--009 **61.25

TITLE VPD
NAME OUTLER, GAY F. DR. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #