2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90400 027 ****61.25

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

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

04172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0612185 ☐ Applied For ☐ Not Applicable

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 Florence Thomas Street Address (P.O. Box Number is Not Acceptable) 4780 S.W. 26 St. City West Park FL Zip Code 33023

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 Florence Thomas 4-21-08
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 May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRICE, MARVIN 4001 S.W. 25TH STREET WEST PARK, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Florence Thomas 4780 SW 26 St. West Park, FL 33023	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD OUTLER, GAY F DR. 2700 S.W. 46TH AVENUE WEST PARK, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sarah Snell 1941 S.W. 57 Ave. West Park, FL 33023	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUDEIKIS, KRISTINE 3700 S.W. 39TH STREET WEST PARK, FL 33023	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD mary kendrick 5206 S.W. 23 St West Park, FL 33023	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, MARIE 4649 S.W. 31ST DRIVE WEST PARK, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Marie Davis 4649 SW 31 Drive West Park, FL 33023	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Florence Thomas 4-21-08 954-966-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #