

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004619

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE SOUTH FLORIDA TOURISM COUNCIL, INC.

Current Principal Place of Business:

419 FT LAUDERDALE BCH BLVD
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

419 FT LAUDERDALE BCH BLVD
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0604521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEHL, RALPH
101 N. RIVERSIDE DR
SUITE 212A
POMPANO BEACH, FL 33062 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: PD () Delete
Name: RIEHL, RALPH
Address: 3321 E. OAKLAND PARK BLVD., SUITE 321
City-St-Zip: FT. LAUDERDALE, FL 33008

Title: DVP () Delete
Name: GLASER, GREG
Address: 13 N. POMPANO BEACH BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Title: DV () Delete
Name: OLSEN, GUS III
Address: 300 E. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: DVT () Delete
Name: SKUDA, DANE
Address: 101 N. RIVERSIDE DR
City-St-Zip: POMPANO BEACH, FL 33062 US

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: RALPH RIEHL

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date