2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N96000002116

Entity Name: BROWARD PERSONAL COMPUTER ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 11955
FT LAUDERDALE, FL 33336

New Principal Place of Business:

Current Mailing Address:

PO BOX 11955
FT LAUDERDALE, FL 33336

New Mailing Address:

FEI Number: 42-1612267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOOLEY, ROBERT E
2888 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33307 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: DOOLEY, ROBERT
Address: 3051 NE 48 ST. #402
City-St-Zip: FORT LAUDERDALE, FL 33339

Title: D ( ) Delete
Name: SCHARE, ESTHER
Address: 7356 FAIRFAX DR
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: STEWART KERRIGAN,
Address: 1212 SE SECOND CT #103
City-St-Zip: FT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: KRIEG, SID
Address: 4765 NW 30 STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete
Name: KLUEPFEL, JOSEPH
Address: 7356 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL

Title: VD ( ) Delete
Name: COSTELLO, STEVE
Address: 3933 CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

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:

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: ROBERT DOOLEY PD 01/19/2004

Electronic Signature of Signing Officer or Director — Date