


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 016 ****61.25

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| DOCUMENT # N96000002116 |  |
| 1. Entity Name BROWARD PERSONAL COMPUTER ASSOCIATION, INC. | |

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| Principal Place of Business PO BOX 11955 FT LAUDERDALE, FL 33336 | Mailing Address PO BOX 11955 FT LAUDERDALE, FL 33336 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

400000 -



01072008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 42-1612267 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| DOOLEY, ROBERT E 2888 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33307 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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 _____ | DATE _____ |

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD GERSTENBERG, GERRY 418 S CYPRESS RD #103 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WATSON, JACK 639 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHARE, ESTHER 7356 FAIRFAX DRIVE FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COSTELLO, STEVE 3933 CARAMBOLA CIRCLE COCONUT CREEK FL 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FITCH, BUD 2124 NE 56 COURT #107 FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLUEPFEL, JOSEPH 7356 FAIRFAX DRIVE TAMARAC FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SEARLE, NORMA 114 VENTNOR F DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOOLEY, ROBERT 3051 NE 48 ST #402 FT LAUDERDALE FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. | |
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| SIGNATURE:  | ROBERT DOOLEY, DIRECTOR | JANUARY 25, 2008 | 954-202-0717 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |