

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002838**

1. Entity Name  
**BROWARD URBAN RIVER TRAILS INC.**



Principal Place of Business  
**218 SW 1 AVE  
FT LAUDERDALE, FL 33301**

Mailing Address  
**630 NE 14TH AVE  
FORT LAUDERDALE, FL 33304 US**



02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0675005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUDE, JOHN A  
630 NE 14TH AVE  
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	MD
NAME	RUDE, JOHN
STREET ADDRESS	630 NE 14TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	PD
NAME	OWNBY, BRUCE
STREET ADDRESS	400 N ANDREWS AVE, STE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	SOMMERVILLE, STEVE
STREET ADDRESS	218 SW 1 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	TSD
NAME	JOHNSON, MARY
STREET ADDRESS	2210 NE 52ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	MCPHERSON, PEG
STREET ADDRESS	201 S. ANDREWS AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000259407  
03/11/05-80023-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

*John A. Rude, Executive Dir* 3/01/05 954 462-7766