


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002062</b> 1. Entity Name <b>BROWARD COUNTY CHESS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4907 N.W. 67TH AVENUE LAUDERHILL, FL 33319</b>	Mailing Address <b>4907 N.W. 67TH AVENUE LAUDERHILL, FL 33319</b>
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02162006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0762859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHMIDT, DIANE 4907 NW 67 AVE FORT LAUDERDALE, FL 3319</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, DIANE 4907 N.W. 67TH AVENUE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAGUE, LINDA 1211 NE 28TH TERRACE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** Diane Schmidt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 954 741 1079  
Date Daytime Phone