

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90083 001 \*\*\*\*61.25  
07-27-2004 90083 002 \*\*\*\*8.75

**DOCUMENT # N99000000402**

1. Entity Name  
**BROWARD DAYS, INC.**



Principal Place of Business  
**450 E. LAS OLAS BLVD., STE. 750  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**450 E. LAS OLAS BLVD., STE. 750  
FT. LAUDERDALE, FL 33301**

**66430724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0888015**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**SPAULDING, LINDA R  
C/O CONRAD & SCHERER  
633 SOUTH FEDERAL HIGHWAY 8 FLOOR  
FORT LAUDERDALE, FL 33301**

## 7. Name and Address of New Registered Agent

Name  
**WALDMAN, JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 NW 49th STREET**  
City  
**FT. LAUDERDALE FL** Zip Code  
**33309**

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, LINDA M	
STREET ADDRESS	1301 RIVER REACH DR APT 303	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, BO	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE. 750	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENSEN, BELINDA	
STREET ADDRESS	1500 NW 49 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, ROY	
STREET ADDRESS	2200 PARK CENTRAL BLVD NORTH	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEON, KEN	
STREET ADDRESS	777 S FLAGLER DRIVE STE 215	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, THOMAS	
STREET ADDRESS	1776 N PINE ISLAND ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>KEISER, BELINDA (D)</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>1500 NW 49th STREET</del>	
STREET ADDRESS	<del>FORT LAUDERDALE, FL 33309</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #