FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCUMENT # 763266

(4)

BROWARD COALITION FOR RESIDENTIAL SERVICES, INC.

FILED Apr 16 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				T THE RELIEF CHARLES C	DEBNI DIDEN GLULI A	JADIN UTDA TUBI	
1405 NW 010TH ST		1405 NW 010TH ST		3. Date Incorporated or Qualified					
WOODHOUSE Dania, f 33004		WOODHOUSE Dania, F 33004		05/13/1982					
	•					4. FEI Number		pplied For	
2. Principal P	Tace of Business	2a. Mailing Address				59-2222301		lot Applicable	
21		26				5. Certificate of Status Desired	y	Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing		May Be	
22 City & Ctot		City & Stole				Trust Fund Contribution			
City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip			Cour	Country		8. This corporation owes or has paid the	, .	ntangible	
24	25 29 30		30	Personal Property Tax due June		Personal Property Tax due June 30.	e 30. ∑S √yes □ No		
	9. Name and Address of Curre	ent Registered Agent	I	81	Name	10. Name and Address of New Registere	ed Agent		
DO MITM	IO IACOLICI VII		Ľ	•	IVAITIE				
POINTING, JACQUELYN 3500 RIVERSIDE DR.				82	Street A	Address (P.O. Box Number is Not Acceptable)			
	SPRINGS FL 33065			83					
				84	City		. 85 Zip	Code	
					•				
11 Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	02 and 617.1508, Florida Statut le of Florida. Such change was i	named on the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	a of changing appointment as	its registered s registered			
I	im familiar with, and accept the obli	gations of, Section 617.0503, Fig	orida Statu	utes				•	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered	Ager	nt signature r	required when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12	
TITLE	SD	☐ DELETE	1.1 707		ŀ		☐ Change	Addition	
NAME DESCRIPTION	SINDIC, FLORENCE		1.2 NAME						
STREET ADDRESS CITY+ST-ZIP	DECOMPLE BOAL EL CARA			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	TD	DELETE	2.1 TITE		I-ZIP		☐ Change	Addition	
NAME	RIHL, JANET		22 NA	ME			•		
STREET ADDRESS	1921 S.W. 44TH TERRACE		2.3 STREET ADDRESS		ADDRESS	ings at			
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP					
TITLE	SD DIVON CLODIA	☐ DELETE	1				Change	Addition	
NAME STREET ADDRESS	DIXON, GLORIA 1405 N.W. 10TH STREET		3.2 NAME 3.3 STREET		ADDDCCC				
CITY-ST-ZIP	DANIA, FL 00000		3.4. CITY-		- 1				
TITLE	VD	☐ DELETE	4.1 TiTi				☐ Change	Addition	
NAME	POINTING, JACQUELYN		4. 2 NA	ME					
STREET ADDRESS	3500 RIVERSIDE DR.		4.3 STREET		ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	III DECEZE	4.4 CITY-5		-ZIP		1 0		
TITLE NAME	PD Roberts, Mercedes	☐ DELETE	5.1 TITLE 5.2 NAME		İ		L Change	☐ Addition	
STREET ADORESS	732 NW 3RD COURT				ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		5.4 CIT						
TITLE		☐ DELETE	6.1 TITL				Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STR	REET /	ADDRESS				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Horence Suident

7/10/98

(954)428-2930

2E037 (10/97)