

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10: 50

DOCUMENT # N19175 (1)

1. Corporation Name

THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE
FOUNDATION, INC.

Principal Place of Business

Mailing Address

5101 N.W. 21 AVE., #510
FT. LAUDERDALE FL 33309-2731

5101 N.W. 21 AVE., #510
FT. LAUDERDALE FL 33309-2731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

05/13/1994

4. FEI Number

59-2774916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1001 W Cypress Creek Rd

26 1001 W Cypress Creek Rd

Suite, Apt #, etc

Suite, Apt #, etc

22 S-207

27 S-207

City & State

City & State

23 Ft Lauderdale FL

28 Ft Lauderdale FL

24 Zip

29 Zip

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CYNTHIA S
5101 N.W. 21 AVE., #510
FT. LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1001 W Cypress Creek Rd
S-207

83

84 City

Ft Lauderdale

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
SCHIMMED, PAULA
3610 N. 52ND AVE.
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
EDISON, NANCY
3251 N. 37 ST.
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DRESCHER, ANNE
120 S.W. 101 TERR
PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
PALMA, LYNNE
2710 N.E. 40 ST.
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
AST, JOANNE
6180 S.W. 51 CT.
DAVIE FL 33314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Nancy J. Edison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name)