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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39892 (7)

1. Corporation Name

CITIES IN SCHOOLS OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

**4790 N0TH STATE RE 7
SUITE 200
FT LAUDERDALE FL 33319
US**

**4790 N. STATE ROAD 7
SUITE 200
FT. LAUDERDALE FL 33319**

3. Date Incorporated or Qualified

09/07/1990

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHUMPERT, JULIE
4790 N STATE RD 7
SUITE 200
FT LAUDERDALE FL 33319**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **STEPHENS, KATIE GUSTAFSO**
STREET ADDRESS **110 SE SIXTH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL**

1.1 TITLE **Chairman** ☐ Change ☒ Addition
1.2 NAME **Philip G. McNally**
1.3 STREET ADDRESS **600 SE Third Avenue**
1.4 CITY-ST-ZIP **FLAuderdale, FL 33301**

TITLE **D** ☐ DELETE
NAME **BUSTRAAN, JIM**
STREET ADDRESS **333 SW 12 AVE**
CITY-ST-ZIP **DEERFIELD BCH FL**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Pam Madison**
2.3 STREET ADDRESS **1000 S. Federal Hwy**
2.4 CITY-ST-ZIP **FLAuderdale, FL 33316**

TITLE **D** ☐ DELETE
NAME **BECHTLE, SCOTT**
STREET ADDRESS **1 EAST BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE **President** ☐ Change ☒ Addition
3.2 NAME **Julie Shumpert**
3.3 STREET ADDRESS **4790 N. ST Rd 7 2nd Fl**
3.4 CITY-ST-ZIP **FT LAuderdale, FL 33319**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(3)(k), 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: *Julie Shumpert* **JULIE SHUMPERT**

1/16/94

954
730-8070

CR2E037 (12/95)