

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N39892

(7)

1. Corporation Name

COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

4790 NOTH STATE RE 7  
SUITE 200  
FT LAUDERDALE FL 33319  
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

BRADLEY, ANDREA  
4790 N. STATE RD. 7  
SUITE 200  
FT. LAUDERDALE FL 33319

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

65-0216677

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 Andrea Bradley Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE 9/10/98

12. OFFICERS AND DIRECTORS

TITLE DT ☒ DELETE  
NAME STEPHENS, KATIE GUSTAFSO  
STREET ADDRESS 110 S.E. SIXTH ST.  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE T ☒ DELETE  
NAME BECHTLE, SCOTT  
STREET ADDRESS 1 EAST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE C ☐ DELETE  
NAME MCNALLY, PHILIP G  
STREET ADDRESS 600 S.E. THIRD AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ST ☐ DELETE  
NAME ELKIN, STEVE  
STREET ADDRESS 110 S.E. 6 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE P ☐ DELETE  
NAME BRADLEY, ANDREA  
STREET ADDRESS 4790 N. STATE RD. 7  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition  
1.2 NAME FARMER, GERALD  
1.3 STREET ADDRESS 6711 N. OCEAN BLVD., #8  
1.4 CITY-ST-ZIP OCEAN RIDGE, FL 33435

2.1 TITLE O'Connell, Anne ☐ Change ☒ Addition  
2.2 NAME 1500 NW 49 St.  
2.3 STREET ADDRESS Ft. Lauderdale, FL 33309  
2.4 CITY-ST-ZIP

3.1 TITLE Oestreicher, Ron ☐ Change ☒ Addition  
3.2 NAME 777 American Express Way  
3.3 STREET ADDRESS Ft. Lauderdale, FL 33337  
3.4 CITY-ST-ZIP

4.1 TITLE Carroll, John ☐ Change ☒ Addition  
4.2 NAME 826 NE 20 Ave.  
4.3 STREET ADDRESS Ft. Lauderdale, FL 33316  
4.4 CITY-ST-ZIP

5.1 TITLE 300002675149-6 ☐ Change ☐ Addition  
5.2 NAME -10/28/98-01087-029  
5.3 STREET ADDRESS \*\*\*\*\*70.00 \*\*\*\*\*70.00  
5.4 CITY-ST-ZIP

6.1 TITLE B10/20 98 AR ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Andrea Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/98 (954) 730-8070

CR2E037 (5/98)

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FILED

98 OCT 20 PM 1:17

SECRETARY OF STATE

