### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N39892**

1. Corporation Name

## COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.

Principal Place of Business 4790 NOTH STATE RE 7 SUITE 200 FT LAUDERDALE FL 33319 Mailing Address

4790 N. STATE ROAD 7 SUITE 200

FT. LAUDERDALE FL 33319

# FILED Mar 11, 1999 8:00 am Secretary of State

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us							•	
2. Principal Place of Business 21 4861 N. Dixie Hwy 28 4861 N	1. Dixie	A	lwy	3. Date incorporated or Qualifed 09/07/1990				
Suite Apt # etc. Suite Apt #, etc.				4. FEI Number		T	Applied For	
22 SUITE 200-D 27 SUITE	200-1	D		65-0216677			Not Applicable	
City & State  City & State  City & State  City & State  CARLAND PARK, FL  City & State	O PARK	 < ,	FL	5. Certifcate of Status Desired	·		7.5 Additional e Required	
Zip Country Zip	Count	•	e 4	6. Election Campaign Financing		-	<b>00</b> May Be	
$_{24}$ 33334 $_{25}$ $USA$ $_{29}$ 33334	7 30 (	<u></u>	<u>S#</u>	Trust Fund Contribution	<del></del>		led to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	8	31	Name				•	
BRADLEY, ANDREA 4790 N. STATE RD. 7		32	Street Addre	iss (P.O. Box Number is Not Accepta				
SUITE 200	8	33	SUITE	0 - 0 70	<u>,                                      </u>	٠.	·	
FT. LAUDERDALE FL 33319				LAND PARK	FL [		Zip Code 33334	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida S	tatutes, the abo	ove-	named corpo	ration submits this statement for the	purpose of cha	ingin	g its registered as registered	

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				a wilend when reinstation	DATE	<u>.</u>			
	Signature, typed or printed name of registered agent and title if ap		13.	Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	OFFICERS AND DIRECT		<del></del>	<del>,</del>	31	Change	Addition		
TITLE	T	DELETE	1.1 TITLE	T/D		Michange			
NAME	FARMER, GERALD		1.2 NAME						
STREET ADDRESS	6711 N. OCEAN BLVD. #8		1.3 STREET ADDRESS		<i>:</i>				
CITY-ST-ZIP	OCEAN RIDGE FL 33435		1.4 CITY-ST-ZIP			LAAN	Addition		
TITLE	D	DELETE	2.1 TITLE			2014AA	☐ Addition		
NAME	O'CONNELL, ANNE		2.2 NAMÉ		٠		ſ		
STREET ADDRESS	1500 NW 49 ST		2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		·····		TA LEC.		
TITLE	D .	☐ DELETE	3.1 TITLE		•	☐ Change	Addition		
NAME	OESTREICHER, RON		3.2 NAME				ł		
STREET ADDRESS	777 AMERICAN EXPRESS WAY		3.3 STREET ADDRESS			••			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3.4 CITY-ST-ZIP						
TITLE	ST	☐ DELETE	4.1 TITLE	S/D	•	Change	☐ Addition		
NAME	ELKIN, STEVE		4. 2 NAME						
STREET ADDRESS	110 S.E. 6 STREET		4.3 STREET ADDRESS		•				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP		<u></u>		- Lauren		
TITLE	P	☐ DELETE	5.1 TITLE	P/D		Change	Addition		
NAME	BRADLEY, ANDREA		5.2 NAME		•	•			
STREET ADDRESS	4790 N. STATE RD. 7		5.3 STREET ADDRESS				-		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		5.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE	C	☐ DELETE	6.1 TITLE	C/D			☐ Addition		
NAME	MCNALLY, PHILIP G		6.2 NAME						
STREET ADDRESS	600 S.E. THIRD AVENUE		6.3 STREET ADDRESS				j		
OFFICE TIP	ET I ALIDEDDALE EL 22201		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, with all other like empowered.

SIGNATURE:

SHATUR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 9 9 954-730-8070

R2E037 (11/98)