

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **N93000001041 (3)**

1. Corporation Name

**BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION
, INC.**

Principal Place of Business

Mailing Address

**115 SE 13TH STREET
A
FORT LAUDERDALE FL 33316
US**

**115 SE 13TH STREET
A
FORT LAUDERDALE FL 33316
US**



| | | | | | | | |
|--|---------|---------------------|---------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/22/1993 | | 3a. Date of Last Report 01/23/1995 | |
| 21 | | 26 | | 4. FEI Number 65-0407370 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | | 28 | | | | | |
| Zip | Country | Zip | Country | | | | |
| 24 | | 25 | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHARON M. SAUNDERS 115 SE 13TH STREET SUITE A FT. LAUDERDALE FL 33316 | | | | 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 11 TITLE | Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ED COOPER | 12 NAME | David Richardson |
| STREET ADDRESS | 5201 NE 24TH TERRACE #A-103 | 13 STREET ADDRESS | 1700 NW 10th Drive, Pompano Beach, FL |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | 33060 |
| TITLE | PD <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANASTASATO, JANICE | 22 NAME | |
| STREET ADDRESS | 2816 N.E. 27TH STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 31 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWDEN, WILLIAM | 32 NAME | |
| STREET ADDRESS | 19 CAYUGA ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | SEA RANCH LAKES FL | 34 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 41 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARILYN GOLDNER | 42 NAME | |
| STREET ADDRESS | 6650 ROYAL PALM BLVD #3 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL | 44 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 51 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOENDORF, LEE | 52 NAME | |
| STREET ADDRESS | 4011 N.W. 23RD COURT | 53 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK FL | 54 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 61 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LIZ DREYER | 62 NAME | Roalnd Hatch |
| STREET ADDRESS | 204 SE 19TH STREET | 63 STREET ADDRESS | 437 SW 4th Avenue |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 64 CITY-ST-ZIP | FT Lauderdale, FL 33316 |

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:

David Richardson, Executive Director 1-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)