

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002686 (4)

1. Corporation Name

NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.



Principal Place of Business

Mailing Address

303 SE 17TH ST
 FT LAUDERDALE FL 33316

303 SE 17TH ST
 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0449927

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENNE, KENNETH C., II
 CONRAD, SCHERER, JAMES & JENNE
 633 SO. FEDERAL HWY.
 FT. LAUDERDALE FL 33301**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	LYON, LOU	
STREET ADDRESS	1308 NW 13 CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBB, JOAN	
STREET ADDRESS	7310 NW 48 CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, KATIE	
STREET ADDRESS	7320 NW 11TH PL	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LYON, LORRAINE	
STREET ADDRESS	2430 DEER CRK CTRY CLUB BLVD #606	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNWORTH, DENA	
STREET ADDRESS	812 SW 9TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D//	<input checked="" type="checkbox"/> DELETE
NAME	GULL, GINNY	
STREET ADDRESS	1785 N ANDREWS AVE #103	
CITY-ST-ZIP	FT LAUDERDALE FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard P. Bradley	
1.3 STREET ADDRESS	7320 NW 11 Place	
1.4 CITY-ST-ZIP	Plantation, FL 33313	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marlies Christina	
2.3 STREET ADDRESS	12082 NW 30th Street	
2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Gallagher	
3.3 STREET ADDRESS	509 1/2 SW 20 Street	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Viola Regan	
4.3 STREET ADDRESS	300 NE 19th Court, Apt N-106	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gloria Antczak	
5.3 STREET ADDRESS	4288 NW 120th Lane	
5.4 CITY-ST-ZIP	Sunrise, FL 33323	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Louis Lyon	
6.3 STREET ADDRESS	1308 NW 13 Court	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	

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: Richard P. Bradley *Richard P. Bradley* June 12, 1996 954-583-0193
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)