


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

06/16/1993

4. FEI Number

65-0449927

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 D DELETE
 NAME BRADLEY, RICHARD P
 STREET ADDRESS 7320 NW 11 PLACE
 CITY-ST-ZIP PLANTATION FL 33313

1.1 TITLE P Change Addition
 1.2 NAME MCKINLEY, THELMA
 1.3 STREET ADDRESS 900 EAST ACRE DR. PLANTATION, FL
 1.4 CITY-ST-ZIP 33317

TITLE VP DELETE
 NAME CHRISTINA, MARLIES
 STREET ADDRESS 12062 NW 30TH STREET
 CITY-ST-ZIP FT. LAUDERDALE FL 33085

2.1 TITLE VP REGAN, VIOLA Change Addition
 2.2 NAME 300 NE 19 CT. # N-106
 2.3 STREET ADDRESS FT. LAUDERDALE, FL 33305
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME HUNN, CORA E
 STREET ADDRESS 2617 N.W. 6TH TERRACE
 CITY-ST-ZIP WILTON MANORS FL 33311

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE P DELETE
 NAME REGAN, VIOLA
 STREET ADDRESS 300 NE 19TH COURT, APT N-106
 CITY-ST-ZIP FT. LAUDERDALE FL 33305

4.1 TITLE T. WATSON, HELEN Change Addition
 4.2 NAME 5100 WASHINGTON ST #403
 4.3 STREET ADDRESS HOLLYWOOD, FL 33021
 4.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME DUNWORTH, DENA
 STREET ADDRESS 812 SW 9TH ST
 CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE D. LEMAK, AVA Change Addition
 5.2 NAME 575 OAKS LANE #608
 5.3 STREET ADDRESS POMPANO BCH, FL 33069
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME ANTCZAK, GLORIA
 STREET ADDRESS 4288 NW 120TH LANE
 CITY-ST-ZIP SUNRISE FL 33323

6.1 TITLE D. ROBB, JOAN Change Addition
 6.2 NAME 7310 NW 48 CT.
 6.3 STREET ADDRESS LAUDERHILL, FL 33319
 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:

Thelma McKinley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/98

Date

981-681-4833

Daytime Phone #

CR2E037 (5/98)