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UAS/DOJ

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002686

1. Corporation Name

NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB,
INC.

Principal Place of Business

303 SE 17TH ST
FT LAUDERDALE FL 33316

Mailing Address

303 SE 17TH ST
FT LAUDERDALE FL 33316



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

~~WILLIAM R. SCHERER~~
~~CONRAD, SCHERER, JAMES & ADRIAN~~
633 SO. FEDERAL HWY.
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MCKINLEY, THELMA
STREET ADDRESS 900 EAST ACRE DRIVE
CITY-ST-ZIP PLANTATION FL 33317

TITLE VP ☐ DELETE
NAME REGAN, VIOLA
STREET ADDRESS 300 N E 19TH COURT #N-106
CITY-ST-ZIP FT. LAUDERDALE FL 33305

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

TITLE T ☐ DELETE
NAME WATSON, HELEN
STREET ADDRESS 5100 WASHINGTON STREET, #403
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE
NAME LEMAK, AVA
STREET ADDRESS 575 OAKS LANE #608
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ DELETE
NAME ROBB, JOAN
STREET ADDRESS 7310 N W 48TH COURT
CITY-ST-ZIP LAUDERHILL FL 33319

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

954-581-4833
Date Daytime Phone #

CR2E037 (1/98)