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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004978 (1)

1. Corporation Name

THE JUBILEE CENTER OF SOUTH BROWARD, INC.



Principal Place of Business

Mailing Address

1704 BUCHANAN ST.
HOLLYWOOD FL 33020

1420 S.W. 104 AVE.
PEMBROKE PINES FL 33025-4720

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
09/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0609182

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, SARAH
1420 SW 104 AVE.
PEMBROKE PINES FL 33025-4720

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 MELNYK, W. WILLIAM
STREET ADDRESS 3341 HARDING ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE D DELETE
NAME MELNYK, GLENDA R
STREET ADDRESS 3341 HARDING ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE D DELETE
NAME GARY, HOBART
STREET ADDRESS 1101 RIVER REACH DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33315

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

TITLE D DELETE
NAME TAYLOR, WILLIAMSON
STREET ADDRESS 3102 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE D DELETE
NAME ALLEN, SARAH
STREET ADDRESS 1420 SW 104 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33025

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

TITLE D DELETE
NAME SMALL, NORMA
STREET ADDRESS 3812 N. CIR. DR.
CITY-ST-ZIP HOLLYWOOD FL 33021

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

14. I do 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:

Sarah Allen 3/17/97 454 435-7424

CFR2E037 (9/96)