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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90068 040 \*\*\*\*61.25

DOCUMENT # N97000002460

1. Corporation Name

BROWARD COUNTY PARENT SUPPORT GROUP, INC.

Principal Place of Business

11950 NW 27TH ST  
PLANTATION FL 33323  
US

Mailing Address

11950 NW 27TH AVE  
PLANTATION FL 33323  
US



2. Principal Place of Business

21 7780 NW 39 St.

Suite, Apt. #, etc.

22 Hollywood, FL

City & State

23 33024 US

Zip

Country

2a. Mailing Address

26 7780 NW 39 St.

Suite, Apt. #, etc.

27 Hollywood, FL

City & State

28 33024 US

Zip

Country

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0754631

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

ADAMS, RON

11950 NW 27TH ST

PLANTATION FL 33323

10. Name and Address of New Registered Agent

81 Name

Christine Bucher

82 Street Address (P.O. Box Number is Not Acceptable)

7780 NW 39 St.

83

Hollywood

33024

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

Christine Bucher

Christine Bucher P.O.

DATE

3/13/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CALDERARA, MAUREEN

STREET ADDRESS 10873 NW 7TH ST

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME GLADFELTER, JOAN

STREET ADDRESS 10898 NW 23RD CT

CITY-ST-ZIP SUNRISE FL 33323

TITLE D ☒ DELETE

NAME ADAMS, CHERYL

STREET ADDRESS 11950 NW 27TH ST.

CITY-ST-ZIP PLANTATION FL 33323

TITLE D ☒ DELETE

NAME BUCHER, CHRISTINE

STREET ADDRESS 7780 NW 39TH ST.

CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE D ☒ DELETE

NAME HARTFORD, SHIRLEY

STREET ADDRESS 2539 TAYLOR STREET

CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☒ DELETE

NAME ADAMS, RON

STREET ADDRESS 11950 NW 27TH ST

CITY-ST-ZIP PLANTATION FL 33323

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S.D. ☒ Change ☐ Addition

1.2 NAME Maureen Calderara

1.3 STREET ADDRESS 6341 NW 16 St.

1.4 CITY-ST-ZIP Margate, FL 33063

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Pieraldi, Paisy

3.3 STREET ADDRESS 1323 Hampton Blvd.

3.4 CITY-ST-ZIP N. Lauderdale, FL 33068

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS Capita, Harriet

4.4 CITY-ST-ZIP 3140 NW 65 Dr. Ft. Lauderdale, FL 33309

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS Heinzman, Beth

5.4 CITY-ST-ZIP 10640 NW 26 Pl Sunrise, FL 33322

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS Cheryl Valerio

6.4 CITY-ST-ZIP 7021 Park St. Hollywood, FL 33024

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:

Christine Bucher

Christine Bucher 3/13/99 (954) 436-8453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)