

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731379** (4)
1. Corporation Name
URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED



Principal Place of Business ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE FL 33311	Mailing Address ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE FL 33311-8330
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3. Date Incorporated or Qualified 12/02/1974	3a. Date of Last Report 03/21/1996
4. FEI Number 59-1564384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BOWEN, DONALD
11 NW 36TH AVE
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	DOMINICO, RALPH
STREET ADDRESS	200 E BROWARD BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	MCCLAIN, WAYNE
STREET ADDRESS	100 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VCD <input checked="" type="checkbox"/> DELETE
NAME	CASSADY, JAMES
STREET ADDRESS	P.O. BOX 5367 N/A
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ADAMS, PAMELA
STREET ADDRESS	303 SE 17TH STREET S-406
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JOHNNY
STREET ADDRESS	ONE BLOCKBUSTER PLAZA
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BOWEN, DONALD E
STREET ADDRESS	11 NW 36 AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES CASSADY
1.3 STREET ADDRESS	P.O. BOX 5367 N/A
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33310
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNNY TAYLOR
3.3 STREET ADDRESS	110 SE 6TH ST, 15TH FLOOR
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOUGLAS SINCLAIR
5.3 STREET ADDRESS	1431 NE 26 ST
5.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald E Bowen* 5-8-97 (954) 584-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036048

CR2E037 (9/96)