

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002460 (0)**

1. Corporation Name

BROWARD COUNTY PARENT SUPPORT GROUP, INC.

Principal Place of Business 990 NW 47 ST. FT. LAUDERDALE FL 33309 (delete)	Mailing Address 990 NW 47 ST. FT. LAUDERDALE FL 33309 (delete)
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3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0754631

Applied For

Not Applicable

2. Principal Place of Business 21 11950 NW 27 St. Suite, Apt. #, etc.	2a. Mailing Address 26 11950 NW 27 Street Suite, Apt. #, etc.
City & State 23 Plantation, FL Zip 24 33323	City & State 28 Plantation, FL Zip 29 33323
Country 25 Broward	Country 30 Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

9. Name and Address of Current Registered Agent

**CHANCEY, DAVID
990 NW 47 ST.
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name RON ADAMS
82 Street Address (P.O. Box Number is Not Acceptable) 11950 NW 27 ST
83
84 City PLANTATION
85 Zip Code FL 33323

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 **RONALD A. ADAMS**

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

(NOTE: Registered Agent signature required when reinstating)

4-17-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANCEY, DAVID		1.2 NAME maureen Calderara	
STREET ADDRESS 990 NW 47 ST.		1.3 STREET ADDRESS 10873 NW 7 Street	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP Coral Springs, FL 33071	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANCEY, SHARON		2.2 NAME Jean Gladfelter	
STREET ADDRESS 990 NW 47 ST.		2.3 STREET ADDRESS 10898 NW 23 Court	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP Sunrise, FL 33323	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ADAMS, CHERYL		3.2 NAME Shirley Hartford	
STREET ADDRESS 11950 NW 27TH ST.		3.3 STREET ADDRESS 2539 Taylor Street	
CITY-ST-ZIP PLANTATION FL 33323		3.4 CITY-ST-ZIP Hollywood, FL 33020	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUCHER, CHRISTINE		4.2 NAME RON ADAMS	
STREET ADDRESS 7760 NW 39TH ST.		4.3 STREET ADDRESS 11950 NW 27 ST	
CITY-ST-ZIP HOLLYWOOD FL 33024		4.4 CITY-ST-ZIP PLANTATION, FL 33323	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASON, RENEE		5.2 NAME	
STREET ADDRESS 1137 SW 5TH PL.		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYON, JAN		6.2 NAME	
STREET ADDRESS 658 WOODGATE LN.		6.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33326		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:

4-17-98 654-475-1000

CF2E037 (10/97)