

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **700090** (4)

1. Corporation Name

**SOUTHWEST BROWARD JUNIOR ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**62ND AVENUE & 33RD STREET  
P. O. BOX 4942  
HOLLYWOOD FL 33083-4942**

**62ND AVENUE & 33RD STREET  
P. O. BOX 4942  
HOLLYWOOD FL 33083-4942**



3. Date Incorporated or Qualified

**10/23/1959**

3a. Date of Last Report

**09/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0340805**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSARD, KELLI  
7341 BILTMORE BLVD  
MIRAMAR FL 33023**

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

*Kelli Massard*

(NOTE: Registered Agent signature required when reinstating)

**4-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD HIGGINS, CONNIE**  
STREET ADDRESS **6244 SW 22 CT**  
CITY-ST-ZIP **MIRAMAR FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P.D. Higgins, Connie**  
1.3 STREET ADDRESS **6244 S.W. 22 St**  
1.4 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☒ DELETE  
NAME **VPD SIMS, PETRA**  
STREET ADDRESS **7411 NORMANDY**  
CITY-ST-ZIP **MIRAMAR FL**

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

TITLE ☒ DELETE  
NAME **SD ONDO, KAREEMA**  
STREET ADDRESS **3404 SW 63RD WAY**  
CITY-ST-ZIP **MIRAMAR FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **@ Secretary Alice Irizarry**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ DELETE  
NAME **TD MASSARD, KELLI**  
STREET ADDRESS **7341 BILTMORE BLVD**  
CITY-ST-ZIP **MIRAMAR FL**

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

TITLE ☐ DELETE  
NAME **TO MASSARD, KELLI**  
STREET ADDRESS **7341 BILTMORE BLVD**  
CITY-ST-ZIP **MIRAMAR FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Kelli Massard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**  
Date

**305-856-2444**  
Daytime Phone #

CR2E037 (12/95)