

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90241 031 \*\*\*\*61.25

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**DOCUMENT # 707174**

1. Corporation Name

**SOUTH BROWARD CRADLE NURSERY, INC.**

Principal Place of Business

**2203 DOUGLAS STREET  
HOLLYWOOD FL 33020**

Mailing Address

**2203 DOUGLAS STREET  
HOLLYWOOD FL 33020**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/20/1964**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-1055886**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**. BUTLER, THEODOSIA  
2203 DOUGLAS ST  
HOLLYWOOD FL 33020**

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

**PD**

☐ DELETE

NAME

**HARRIS, JR ELBERT L  
2935 N 23RD AVENUE  
HOLLYWOOD FL 33020**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VPD**

☐ DELETE

NAME

**ROBINSON, RICHARD  
4820 SW 24TH STREET  
WEST HOLLYWOOD FL 33023**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SD**

☐ DELETE

NAME

**MUNNERLYN, PAULA  
2203 DOUGLAS STREET  
HOLLYWOOD, FL 00000**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**TD**

☐ DELETE

NAME

**MUNNERLYN, GERALDINE  
2203 DOUGLAS STREET  
HOLLYWOOD FL 33020**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D**

☐ DELETE

NAME

**BUTLER, THEODOSIA  
2203 DOUGLAS STREET  
HOLLYWOOD FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)