

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 # 708037

(7)

1. Corporation Name

BROWARD NEA, INCORPORATED

Principal Place of Business

**6950 CYPRESS RD., #206
PLANTATION FL 33317**

Mailing Address

**6950 CYPRESS RD., #206
PLANTATION FL 33317**



3. Date Incorporated or Qualified
11/02/1964

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1027247

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$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

**RUDD, SUZAN M.
6950 CYPRESS RD #206
PLANTATION FL 33317**

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 officer 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

Suzan M. Rudd

(NOTE: Registered Agent signature required when reinstating)

1/19/96

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

12. OFFICERS AND DIRECTORS

TITLE **CV** ☒ DELETE
NAME **VEGA, SUE**
STREET ADDRESS **3053 N. OAKLAND FORREST DR./#202**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **VCP** ☒ DELETE
NAME **HOSTO, KAREN**
STREET ADDRESS **161 SE 13TH ST.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **T** ☐ DELETE
NAME **HIGGS, VILLIS**
STREET ADDRESS **3521 NW 29TH ST.**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **DP** ☒ DELETE
NAME **THOMPSON, PATRICIA**
STREET ADDRESS **720 NW 15TH WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **WILLIAMSON, TEDDY**
STREET ADDRESS **2952 NW 13TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **MATTHEWS, MINNETTE**
STREET ADDRESS **1200 NW 4TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CV** ☒ Change ☐ Addition
1.2 NAME **Hosto, Karen**
1.3 STREET ADDRESS **161 S.E. 13th Street**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33060**

2.1 TITLE **Vice Chair & P** ☒ Change ☐ Addition
2.2 NAME **Patricia A. Thompson**
2.3 STREET ADDRESS **720 NW 15th Way**
2.4 CITY-ST-ZIP **Ft. Laud., FL 33311**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **"Same"**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DP** ☒ Change ☐ Addition
4.2 NAME **Beverly Moore**
4.3 STREET ADDRESS **4520 NW 16th Street**
4.4 CITY-ST-ZIP **Lauderhill, FL 33313**

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

6.1 TITLE **"Same"** ☐ 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:

Karen Hosto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

954-584-2494

Telephone Number

CR2E037 (12/95)