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**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90053 029 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 708037**

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



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

3. Date Incorporated or Qualified  
11/02/1964

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

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 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

*Suzan M. Rudd*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PC  
STREET ADDRESS HOSTO, KAREN  
CITY-ST-ZIP 161 SE 13TH ST.  
POMPAHO BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS SAME  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS THOMPSON, PATRICIA A.  
CITY-ST-ZIP 720 NW 15TH WAY  
FT. LAUDERDALE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME P  
2.3 STREET ADDRESS THOMPSON, Patricia A.  
2.4 CITY-ST-ZIP 720 NW 15th Way, #A  
Ft. Lauderdale, FL 33313

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS SAME  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS MOORE, BEVERLY  
CITY-ST-ZIP 4520 NW 16TH ST.  
LAUDERHILL FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME V  
4.3 STREET ADDRESS WILLIAMSON, Teddy  
4.4 CITY-ST-ZIP 2952 NW 13th Street  
Ft. Laud., FL 33311

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS HUDDLESTONE, GREGG  
CITY-ST-ZIP 7061 NW 8TH CT  
PLANTATION FL 33317

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS SAME  
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:

*Suzan M. Rudd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 954-584-2494

Date

Daytime Phone #

CR2E037 (11/98)