

FILE NOW: FILING FEE IS \$61.25

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Feb 19 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 # **709147** (3)

1. Corporation Name

BROWARD COUNTY CITIZENS SAFETY COUNCIL, INC.

Principal Place of Business

Mailing Address

**2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309**

**2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309**



3. Date Incorporated or Qualified

06/15/1965

4. FEI Number

59-1110631

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

**MCANDREWS, MIMI K.
2099 W PROSPECT RD.
FT. LAUDERDALE FL 33309**

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	TD	<input type="checkbox"/> DELETE
NAME	NEVILLE, JOANNE	
STREET ADDRESS	3217 N.W. 10TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Self	
1.3 STREET ADDRESS	100 Corporate Drive	
1.4 CITY-ST-ZIP	Fort Lauderdale FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEARSON, PATT	
STREET ADDRESS	2886 NE 35 DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HELMER, GEORGE J	
STREET ADDRESS	303 S.E. 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, BENJAMIN	
STREET ADDRESS	5008 BLUEBERRY CT	
CITY-ST-ZIP	LAUDERHILL FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUGGERI, CAROL A	
STREET ADDRESS	2020 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Joanne Neville* *John Self* *Benjamin Stephenson* *Carol A Ruggeri*

CR2E037 (10/97)