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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 12:14

DOCUMENT # **716928** **(7)**

1. Corporation Name

BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.

Principal Place of Business	Mailing Address
624 S.W. FIRST AVENUE FT. LAUDERDALE FL 33301	624 S.W. FIRST AVENUE FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1383875 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRADY, WALTER R
624 SW FIRST AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Walter R Brady — DATE: 4-6-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	BROWN, LUCILLE	12 NAME	Richard L. Braswell
STREET ADDRESS	624 S.W. 1ST AVENUE	13 STREET ADDRESS	P. O. Box 100354
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	FOGAN, ROBERT J.	22 NAME	Ilene M. Holmes
STREET ADDRESS	624 S.W. 1ST AVENUE	23 STREET ADDRESS	U.S. Dept of Justice
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	299 E. Broward Blvd Ft.Lauderdale
TITLE	PD	31 TITLE	D ☐ Change ☒ Addition
NAME	WRIGHT, RONALD K	32 NAME	Nick Navarro
STREET ADDRESS	624 S.W. 1ST AVENUE	33 STREET ADDRESS	200 E.LasOlas Blvd
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	WALKER, RICHARD F	42 NAME	Lurana S. Snow
STREET ADDRESS	2132 NE 63RD ST	43 STREET ADDRESS	Federal Courthouse
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	299 E. Broward Blvd Ft.Lauderdale
TITLE	VD	51 TITLE	D ☐ Change ☒ Addition
NAME	VALLETTA, MICHAEL	52 NAME	John C. Merwin Jr
STREET ADDRESS	624 S.W. 1ST AVENUE	53 STREET ADDRESS	2221 Cypress Island Dr
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	Pompano, FL 33069
TITLE		61 TITLE	TD ☐ Change ☒ Addition
NAME		62 NAME	Dr. Thomas K. Buchanan
STREET ADDRESS		63 STREET ADDRESS	5210 N. E. 28 Avenue
CITY-ST-ZIP		64 CITY-ST-ZIP	Ft.Lauderdale, FL 33308

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)(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: John C. Merwin — Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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