

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 # 716928 (7)
1. Corporation Name
BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.



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

Mailing Address
**624 S.W. FIRST AVENUE
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
07/29/1969

3a. Date of Last Report
04/12/1995

4. FEI Number
59-1383875

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **Walter R. Brady, Executive Director**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BROWN, LUCILLE	
STREET ADDRESS	624 S.W. 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	FOGAN, ROBERT J.	
STREET ADDRESS	624 S.W. 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	President/D	☐ DELETE
NAME	WRIGHT, RONALD K	
STREET ADDRESS	624 S.W. 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	WALKER, RICHARD F	
STREET ADDRESS	2132 NE 63RD ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	Vice President/D	☐ DELETE
NAME	VALLETTA, MICHAEL	
STREET ADDRESS	624 S.W. 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☐ DELETE
NAME	BRASWELL, RICHARD L.	
STREET ADDRESS	PO BOX 100354 N/A	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/D	☐ Change ☐ Addition
1.2 NAME	Lurana Snow	
1.3 STREET ADDRESS	Federal Courthouse	
1.4 CITY-ST-ZIP	299 E. Broward Blvd, Ft Lauderdale,	
2.1 TITLE	Treasurer/D	☐ Change ☐ Addition
2.2 NAME	Thomas K. Buchanan	
2.3 STREET ADDRESS	5210 N. E. 28 Avenue	
2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33308	
3.1 TITLE	Vice President/D	☐ Change ☐ Addition
3.2 NAME	John C. Merwin	
3.3 STREET ADDRESS	2221 Cypress Island Dr.	
3.4 CITY-ST-ZIP	Pompano, FL 33069	
4.1 TITLE	Ilona M. Holmes	☐ Change ☐ Addition
4.2 NAME	U.S. Dept of Justice	
4.3 STREET ADDRESS	299 E. Broward Blvd, Ft. Lauderdale	
4.4 CITY-ST-ZIP	FL	
5.1 TITLE	Nick Navarro	☐ Change ☐ Addition
5.2 NAME	200 E. Las Olas Blvd	
5.3 STREET ADDRESS	Ft Lauderdale, FL 33301	
5.4 CITY-ST-ZIP	FL	
6.1 TITLE		☐ 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: *Walter R. Brady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 954-763-4565
Date Daytime Phone #

CR2E037 (12/95)