

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS	
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 33301-2806	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRADY, WALTER R 624 SW FIRST AVE FT LAUDERDALE FL 33301		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 _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD VPD	1.1 TITLE	Pres
NAME	LURANA SNOW	1.2 NAME	Ronald K. Wright
STREET ADDRESS	FEDERAL COURTHOUSE, 299 E BROWARD BLVD	1.3 STREET ADDRESS	624 S. W. 1 Avenue
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	Ft Lauderdale, FL 33301
TITLE	TD	2.1 TITLE	D
NAME	THOMAS K BUCHANAN	2.2 NAME	Lucille Brown
STREET ADDRESS	5210 NE 28 AVE	2.3 STREET ADDRESS	624 S. W. 1 Avenue
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	Ft Lauderdale, FL
TITLE	VPD	3.1 TITLE	D
NAME	JOHN C MERWIN	3.2 NAME	Robert J Fogan
STREET ADDRESS	2221 CYPRESS ISLAND DR	3.3 STREET ADDRESS	624 S. W. 1 Avenue
CITY - ST - ZIP	POMPANO FL	3.4 CITY - ST - ZIP	Ft Lauderdale, FL 33301
TITLE	D SD	4.1 TITLE	D
NAME	ILONA M HOLMES	4.2 NAME	Richard F Walker
STREET ADDRESS	U S DEPT OF JUSTICE, 299 E BROWARD BLVD	4.3 STREET ADDRESS	2132 N. E. 63 St
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	Ft Lauderdale, FL
TITLE	VPD D	5.1 TITLE	D
NAME	NICK NAVARRO	5.2 NAME	Susan W McCampbell
STREET ADDRESS	200 E LAS OLAS BLVD	5.3 STREET ADDRESS	624 S. W. 1 Avenue
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	Ft Lauderdale, FL
TITLE	TD D	6.1 TITLE	D
NAME	BRASWELL, RICHARD L.	6.2 NAME	Howard M Sheinberg
STREET ADDRESS	PO BOX 100354 N/A	6.3 STREET ADDRESS	624 S. W. 1 Avenue
CITY - ST - ZIP	FT LAUDERDALE FL	6.4 CITY - ST - ZIP	Ft Lauderdale, FL 3 3301
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Edward S. Green</i> 4-18-97 763-4205			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)