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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 07/29/1969

4. FEI Number: 59-1383875 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

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

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 **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 _____ DATE
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LURANA SNOW		1.2 NAME		
STREET ADDRESS	FEDERAL COURTHOUSE, 299 E BROWARD BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	~~THOMAS K BUCHANAN~~		2.2 NAME	James J. Cali	
STREET ADDRESS	~~5210 NE 20 AVE~~		2.3 STREET ADDRESS	401 S.E. 3rd Street	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		2.4 CITY-ST-ZIP	Dania, FL 33004	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHN C MERWIN		3.2 NAME		
STREET ADDRESS	2221 CYPRESS ISLAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ILONA M HOLMES		4.2 NAME		
STREET ADDRESS	U S DEPT OF JUSTICE, 299 E BROWARD BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NICK NAVARRO		5.2 NAME		
STREET ADDRESS	200 E LAS OLAS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRASWELL, RICHARD L.		6.2 NAME		
STREET ADDRESS	PO BOX 100354 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Walter R. Brady Walter R. Brady 4/28/98 (954) 763-4505