FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90006 041 ****61.25

DOCUMENT # 716928

1. Corporation Name
BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 200 S.E. SIXTH ST.	26 200 S.E. SIXTH ST.	07/29/1969
Suite, Apt. #, etc. 22 #502	Suite, Apt. #, etc. 27 #502	4. FEI Number 59-1383875 ☐ Applied For ☐ Not Applicable
City & State 23 FT. LAUDERDALE,FL	City & State 28 FT. LAUDERDALE, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33301 25 USA	Zip / Country 29 33301 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADY, WALTER 624 S.W. FIRST AVE FT. LAUDERDALE, FL 33301	81 Name: KAREN SHELLY 82 Street Address (P.O. Box Number is Not Acceptable): 200 S.E. SIXTH ST. SUITE 502 83 84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33301

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: Karen Shelly EXECUTIVE DIRECTOR 03/30/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LURANA SNOW FEDERAL COURTHOUSE,299 E.Broward FT. LAUDERDALE, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALI, JAMES 401 S.E. 3 ST. DANAI, FL 33004 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD CALI, JAMES 401 S. E. THIRD ST DANIA, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHN C. MERWIN 2221 CYPRESS ISLAND RD POMPANO, FL. XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ILONA M HOLMES U S DEPT OF JUSTICE 299 E BROWARD BLVD FT. LAUDERDALE, FL ☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VPD ILONA M. HOLMES US DEPT OF JUSTICE 299 E BROWARD BLVD FT. LAUDERDALE, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICK NAVARRO 200 LAS OLAS BLVD FT LAUDERDALE,FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRASWELL, RICHARD L. P O BOX 100354 N/A FT. LAUDERDALE, FL XX DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PD DR. RONALD WRIGHT 200 SE SIXTH ST SUITE 502 FT. LAUDERDALE, FL ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Jaime Cali (954) 763-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)