

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 046 ****70.00

DOCUMENT # 716928	
1. Entity Name BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.	

Principal Place of Business 200 SE 6TH ST #502 FT. LAUDERDALE, FL 33301 US	Mailing Address 200 SE 6TH ST #502 FT. LAUDERDALE, FL 33301 US
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54020255

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1383875		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUGHES, DOUGLAS W 200 SE 6TH ST STE 502 FT LAUDERDALE, FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Douglas W. Hughes* DOUGLAS W. HUGHES 2/11/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	FOGAN, ROBERT J	NAME	Monica Sherman, Esq.
STREET ADDRESS	2625 SE 20 STREET	STREET ADDRESS	200 Se 6 Street, Suite 504
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	MORRIS, MARILYN	NAME	Gisele Pollack
STREET ADDRESS	508 ISLE OF PALMS	STREET ADDRESS	201 Se 6 Street, Room 3872
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	DICIENZO, FRANCA	NAME	Jay Zager
STREET ADDRESS	3471N FEDERAL HIGHWAY, SUITE 303	STREET ADDRESS	4401 Nw 95 Ave
CITY-ST-ZIP	FORT LAUDERDALE, FL 333136	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	ROCQUE, MICHAEL J	NAME	Dr. Sam Subramani
STREET ADDRESS	200 SE 6 STREET # 504	STREET ADDRESS	4200 Nw 16 Street
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	Ft. Lauderdale, FL 33313
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	HURLEY, JOHN	NAME	David Choate
STREET ADDRESS	119 SE 12 STREET	STREET ADDRESS	1300 S Andrews Ave
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHAW, JIM	NAME	
STREET ADDRESS	3061 NW 17 TERR	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas W. Hughes* DOUGLAS W. HUGHES 2/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954) 763-4505