2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 716928.

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

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

06292005 No Chg-NP CR2E037 (10/03)

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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

HUGHES, DOUGLAS W
200 SE 6TH ST
STE 502
FT LAUDERDALE, FL 33301

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOGAN, ROBERT J
STREET ADDRESS	2625 SE 20 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	MORRIS, MARILYN
STREET ADDRESS	508 ISLE OF PALMS
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	DICIENZO, FRANCA
STREET ADDRESS	3471N FEDERAL HIGHWAY, SUITE 303
CITY-ST-ZIP	FORT LAUDERDALE, FL 333136
TITLE	D
NAME	ROCQUE, MICHAEL J
STREET ADDRESS	200 SE 6 STREET # 504
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	HURLEY, JOHN
STREET ADDRESS	119 SE 12 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	SHAW, JIM
STREET ADDRESS	3061 NW 17 TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

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09/07/05-80013-004 70.00

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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 8/29/05 (954) 763-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #