

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716928

FILED
Jul 03, 2006
Secretary of State

Entity Name: BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.

Current Principal Place of Business:

200 SE 6TH ST
#502
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

200 SE 6TH ST
#502
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-1383875 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOGAN, ROBERT J
Address: 2625 SE 20 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: MORRIS, MARILYN
Address: 508 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: DICIENZO, FRANCA
Address: 3471N FEDERAL HIGHWAY, SUITE 303
City-St-Zip: FORT LAUDERDALE, FL 333136

Title: D () Delete
Name: ROCQUE, MICHAEL J
Address: 200 SE 6 STREET # 504
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: HURLEY, JOHN
Address: 119 SE 12 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: SHAW, JIM
Address: 3061 NW 17 TERR
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DICIENZO, FRANCA
Address: 3471 N FEDERAL HIGHWAY, SUITE 303
City-St-Zip: FORT LAUDERDALE, FL 333136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS W. HUGHES

RA

07/03/2006

Electronic Signature of Signing Officer or Director

Date