

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716928

FILED
Jan 08, 2009
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 ()**

Name and Address of Current Registered Agent:

RADA, JOSE
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: 1320 NW 93 TERRACE
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: RENNERT, GERALD
Address: 9283 SW 1 STREET
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: ROCQUE, MICHAEL J
Address: 510 SW 3 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

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

Title: D () Delete
Name: DICENZO, FRANCA
Address: 633 S. ANDREWS AVENUE, SUTIE 401
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: JOSE RADA

EX

01/08/2009

Electronic Signature of Signing Officer or Director

Date