

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:24

DOCUMENT # 720214 (6)

1. Corporation Name

BROWARD CHILDRENS CENTER, INC.

Principal Place of Business

Mailing Address

200 S.E. 19TH AVE.
POMPANO BCH FL 33060

200 S.E. 19TH AVE.
POMPANO BCH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1971

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1378244

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEGGS, WILLIAM
2929 E. COMMERCIAL BLVD
PENTHOUSE SUITE A
FT LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

William Beggs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

BEGGS, WILLIAM

STREET ADDRESS

2929 E COMMERCIAL PH#A

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

ST

NAME

STEWART, JOYCE

STREET ADDRESS

300 SW 14TH CT

CITY - ST - ZIP

POMPANO BCH FL

TITLE

D

NAME

CECIL, MAUREEN F.

STREET ADDRESS

6230 NW 26TH CT

CITY - ST - ZIP

SUNRISE FL

TITLE

D

NAME

MCGOUGH, WILLIAM

STREET ADDRESS

7912 SW 3RD ST

CITY - ST - ZIP

NORTH LAUDERDALE FL

TITLE

D

NAME

HOWELL, RUBY

STREET ADDRESS

1536 N.W. 12 TERR.

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 prior to the filing of this report. I am an officer or director of the corporation or the resolver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marjorie Evans C.E.O.

2-10-95

305-948-7638