

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
02/08/1971

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BEGGS, WILLIAM**
STREET ADDRESS **2929 E COMMERCIAL PH#A**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **ST** ☐ DELETE
NAME **STEWART, JOYCE**
STREET ADDRESS **300 SW 14TH CT**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE **D** ☐ DELETE
NAME **CECIL, MAUREEN F.**
STREET ADDRESS **6230 NW 26TH CT**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ DELETE
NAME **MCGOUGH, WILLIAM**
STREET ADDRESS **7912 SW 3RD ST**
CITY-ST-ZIP **NORTH LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **HOWELL, RUBY**
STREET ADDRESS **1536 N.W. 12 TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

William F. Beggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

305-943-7638
Daytime Phone

CR2E037 (12/95)