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Feb 18, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90089 031 *****70.00

DOCUMENT # 720214

1. Corporation Name

BROWARD CHILDRENS CENTER, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/08/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1378244

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BEGGS, WILLIAM
2929 E COMMERCIAL PH#A
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
STEWART, JOYCE
300 SW 14TH CT
POMPANO BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CECIL, MAUREEN F.
6230 NW 26TH CT
SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCGOUGH, WILLIAM
7912 SW 3RD ST
NORTH LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Beggs

Date

Daytime Phone #

1/26/99