

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 # 721712
1. Corporation Name
SOUTH WEST BROWARD COUNTY
A. A. R. P. CHAPTER 73

Principal Place of Business Mailing Address
PINES CONFERENCE CENTER
10211 TAFT STREET
PEMBROKE PINES, FL 33026

2. Principal Place of Business 2a. Mailing Address
21 PINES CONFERENCE CENTER 26 10211 TAFT STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 PEMBROKE PINES, FL 28
Zip Country Zip Country
24 33026 25 BROWARD 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
9-16-71 1-13-95
4. FEI Number Applied For
23-7129049 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$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
GLADYS P MOYNIHAN
11641 NW 11 STREET
P. PINES, FL 33026
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 GLADYS MOYNIHAN T. X. Gladys Moynihan
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P/D	PRESIDENT	SHIRLEY MILLER	1100 N. CHANCEWILL # 518				
		P. PINES, FL 33026					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
V/D	1ST VICE PRESIDENT	MIKE WOLFE	6500 JOHNSON ST				
		HOLLYWOOD, FL 33024					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
V/D	2ND VICE PRESIDENT	BARBARA BROOKS	6500 JOHNSON ST				
		HOLLYWOOD, FL 33024					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
S/D	SECRETARY	IRAIDA DIAZ	4830 S.W. 6375 R. # 201				
		DAVIE, FL 33025					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
S/T	SECRETARY TO THE BOARD	MARILYN PITTARD	1176 N.W. 97th AVE				
		P. PINES, FL 33024					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
T/D	TREASURER	HELEN WISE	7870 N.W. 10 ST				
		P. PINES, FL 33024					

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: Gladys Moynihan
5/13/96 (954) 4322454
DATE DAYTIME PHONE #

CR2E037 (12/95)