

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90008 023 \*\*\*\*61.25

DOCUMENT # 727685

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF BROWARD, INC.

Principal Place of Business

4701 NW 33 AVE  
OAKLAND PARK FL 33309  
US

Mailing Address

4701 N W 33RD AVENUE  
~~SUITE 10~~  
OAKLAND PARK FL 33309  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	4701 NW 33 Ave	10/08/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1507595
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	Oakland Park, FL	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	33309	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEDERO, ANA M- 4701 N W 33RD AVENUE OAKLAND PARK FL 33309	81 Name Ana Cedeno
	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 *Ana Cedeno* Ana Cedeno, Executive Director 5/14/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <del>MCLAUGHLIN, ELLEN</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLAUGHLIN, ELLEN	1.2 NAME	Dr. Wilhelmena Mack
STREET ADDRESS	200 E LAS OLAS BLVD 9TH FL	1.3 STREET ADDRESS	2101 W. Commercial Blvd # 2000
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VD <del>BECKER, BOB</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, BOB	2.2 NAME	Barbara Murray
STREET ADDRESS	1800 ELLER DRIVE	2.3 STREET ADDRESS	8000 W. Sunrise Blvd.
CITY-ST-ZIP	FT LAUDERDALE FL 33335	2.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	VD <del>WILLIAMS, JEFF</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JEFF	3.2 NAME	Candy Hawkins
STREET ADDRESS	6001 N W BROKEN SOUND PKWY, #500	3.3 STREET ADDRESS	1000 Corporate Dr # 5th FL.
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	TD <del>MACK, DR WILHELMENA</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACK, DR WILHELMENA	4.2 NAME	Kim Bentley
STREET ADDRESS	2101 W COMMERCIAL BLVD, #2000	4.3 STREET ADDRESS	600 SE 3rd Ave.
CITY-ST-ZIP	FT LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	TD <del>LEVE, TRACY</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVE, TRACY	5.2 NAME	Tracy Leve
STREET ADDRESS	1800 ELLER DRIVE	5.3 STREET ADDRESS	1800 Eller Dr.
CITY-ST-ZIP	FT LAUDERDALE FL 33335	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33335
TITLE	D <del>CANAN, PERRY</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANAN, PERRY	6.2 NAME	Ellen McLaughlin
STREET ADDRESS	5130 N FEDERAL HWY, #9	6.3 STREET ADDRESS	200 E. Las Olas Blvd, 10th FL
CITY-ST-ZIP	FT LAUDERDALE FL 33308	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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: *Ana Cedeno* **SIGNATURE REQUIRED** 5-14-99 951-485-3481  
Date Daytime Phone #

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