

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
For Ja B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995-1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731379 (4)
1. Corporation Name
URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1974	3a. Date of Last Report 04/01/1994
4. FEI Number 59-1564384	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. 190.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent

BOWEN, DONALD
11 NW 38TH AVE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	DOMINICO, RALPH	1.2 NAME	
STREET ADDRESS	200 E BROWARD BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, SAMUEL	2.2 NAME	
STREET ADDRESS	100 S. ANDREWS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	☒ Change ☐ Addition
NAME	MCGREGOR, SUSAN	3.2 NAME	James Cassady
STREET ADDRESS	1720 E SUNRISE BLVD	3.3 STREET ADDRESS	PO Box 5367
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	Ft. Lauderdale, FL. 33310
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	SLEMENDA, CORRINE	4.2 NAME	James Keller
STREET ADDRESS	330 N ANDREWS AVE	4.3 STREET ADDRESS	303 SE 17th Street S-406
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	Ft. Lauderdale, FL. 33316
TITLE	VCD	5.1 TITLE	☒ Change ☐ Addition
NAME	MARINER, MILDRED	5.2 NAME	Chairman
STREET ADDRESS	9000 W SHERIDAN ST SUITE 162	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, DONALD E	6.2 NAME	
STREET ADDRESS	11 NW 38 AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	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 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 liquidator 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 in an attachment with no address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number