

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
**ELEVEN NORTHWEST 36TH AVENUE
FORT LAUDERDALE FL 33311** **ELEVEN NORTHWEST 36TH AVENUE
FORT LAUDERDALE FL 33311**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1974		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1564384		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BOWEN, DONALD
11 NW 36TH AVE
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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 translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	C
NAME	DOMINICO, RALPH	12 NAME	
STREET ADDRESS	200 E BROWARD BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	VCD
NAME	MORRISON, SAMUEL	22 NAME	McClain, Wayne
STREET ADDRESS	100 S. ANDREWS AVE.	23 STREET ADDRESS	100 NW 12th Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Deerfield Beach, Fl. 33442
TITLE	VCD	31 TITLE	
NAME	CASSADY, JAMES	32 NAME	
STREET ADDRESS	P.O. BOX 5367 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD
NAME	KELLER, JAMES	42 NAME	Adams, Pamela
STREET ADDRESS	303 SE 17TH STREET S-406	43 STREET ADDRESS	300 South Park Road
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	Hollywood, Fl. 33021
TITLE	C	51 TITLE	TD
NAME	MARINER, MILDRED	52 NAME	Taylor, Johnny
STREET ADDRESS	9000 W SHERIDAN ST SUITE 162	53 STREET ADDRESS	One Blockbuster Plaza
CITY-ST-ZIP	PEMBROKE PINES FL	54 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33301
TITLE	P	61 TITLE	
NAME	BOWEN, DONALD E	62 NAME	
STREET ADDRESS	11 NW 36 AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)