

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731379** (4)
1. Corporation Name
URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED



Principal Place of Business ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE FL 33311	Mailing Address ELEVEN NORTHWEST 36TH AVENUE FORT LAUDERDALE FL 33311
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3. Date Incorporated or Qualified 12/02/1974	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1564384		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
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

TITLE	C	<input type="checkbox"/> DELETE
NAME	CASSADY, JAMES	
STREET ADDRESS	P O BOX 5367 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MCCLAIN, WAYNE	
STREET ADDRESS	100 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JOHNNY	
STREET ADDRESS	110 SE 8TH ST, 15TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, PAMELA	
STREET ADDRESS	303 SE 17TH STREET S-406	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SINCLAIR, DOUGLAS	
STREET ADDRESS	1431 NE 26TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOWEN, DONALD E	
STREET ADDRESS	11 NW 36 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASSADY, JAMES
1.3 STREET ADDRESS	P O BOX 5367 N/A
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCLAIN, WAYNE
2.3 STREET ADDRESS	100 S. ANDREWS AVE.
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIANA BONVEGNA
3.3 STREET ADDRESS	333 SW 12 AVE.
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VCD ADAMS, PAMELA
4.3 STREET ADDRESS	303 SE 17TH ST. S-406
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD MARY ANN BACON
5.3 STREET ADDRESS	8750 DURAL BLVD
5.4 CITY-ST-ZIP	MIAMI, FL 33178
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE:



DONALD BOWEN

4/16/98

584-0777

CR2E037 (10/97)