## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

746824

DOCUMENT # THE ENVIRONMENTAL COALITION OF BROWARD COUNTY, I Mailing Address Principal Place of Business % JAMES E. MALONE % JAMES E. MALONE P.O. BOX 501 DANIA FL 33004 P.O. BOX 501 DANIA FL 33004 3. Date Incorporated or Qualified 04/20/1979 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1911551 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 6. Election Campaign Financing City & State City & State Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Żφ Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) MALONE, JAMES E 521 S. ANDREWS AVENUE 83 FT LAUDERDALE FL 33301 84 Citv

Yes No

3a. Date of Last Report

04/10/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E037 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 11 TITLE DIRECTOR TITLE 1.2 NAME JUDY, JOHN NAME JUDY, JOHN 521 S. ANDREWS AVE 1.3 STREET ADDRESS STREET ADDRESS 521 S. ANDREWS AVE. FT LAUDERDALE FL 33301 1.4 CHTY-ST-ZIP City-St-ZIP FT. LAUDERDALE FL 33301 Addition DELETE 2.1 TITLE DIRECTOR **EVP** THLE 22 NAME WEBSTER, PATTI NAME WEBSTER, PATTI 2.3 STREET ADDRESS 521 S. ANDREWS AVE 521 S. ANDREWS AVE. STREET ADDRESS FT LAUDERDALE FL 33301 2. 4 City-ST-ZIP FT. LAUDERDALE FL 33301 DITY-ST-ZIP Addition DIRECTOR DELETE 3.1 TITLE 3.2 NAME PETITJEAN, DIANNE PETITJEAN, DIANNE NAME **3.3 STREET ADDRESS** 521 S. ANDREWS AVE 521 S. ANDREWS AVE. STREET ADDRESS 3.4. CITY - ST - ZIP FT. LAUDERDALE FL 33301 FT LAUDERDALE FL CITY - ST - ZIP Addition | DELETE 4.1 TITLE TITLE 4. 2 NAME MALONE, JAMES E NAME 4.3 STREET ADDRESS 521 S. ANDREWS AVE. STREET ADDRESS 000001746830 4.4 CITY-ST-ZIP FT. LAUDERDALE FL 33301 -03/18/96--01049--0006hange CITY-ST-ZIP Addition DELETE 5 1 TITLE TiTLE \*\*\*61.25 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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:

nalor GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICE

ı