FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

THE ENVIRONMENTAL COALITION OF BROWARD COUNTY, I

Principal Place of Business

Mailing Address

% JAMES E. MALONE P.O. BOX 501 DANIA EL 22004

23

24

% JAMES E. MALONE P.O. BOX 501 DANIA EL 22004-0501

DANIER 12 30001				
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			

City & State City & State 28 Country Zip Ζıp Country 25 29 9. Name and Address of Current Registered Agent

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Liection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 10. Name and Address of New Registered Agent

FILED

Jan 30 1997 8:00am

3a. Date of Last Report 03/18/1996

Applied For

Zip Code

85

Secretary of State

MALONE, JAMES E SELS, ANDREWS AVENUE 700 E. Dania Beach Blode FT-LAUDERDALE-FL-33301-Dania FL 33004

	L
82	Street Address (P.O. Box Number is Not Acceptable)
83	

Date Incorporated or Qualified 04/20/1979

4. FEI Number 59-1911551

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.

84 City

81 Name

SIGNATURE			· ·			
	Signature, typed or printed name of registered agent and title if a	·		e required when reinstating)	DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE	Dudy John	Change	Addition
NAME	JUDY, JOHN		12 NAME 🔍	· · · / /	_	
STREET ADDRESS	521 S. Andrews ave .		1.3 STREET ADDRESS 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	d # 201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY - ST - ZIP	DANIA EL 33004	<u> </u>	
TATLE	D	☐ DELETE	2.1 TITLE	Daladan Both	Change	Addition
NAME	WEBSTER, PATTI		2.2 NAME	CA TO MALONE		
STREET ADDRESS	521 S. ANDREWS AV E.		(2.3 STREET ADDRESS	400 B. DANIA BCh BI	vd 4201	
CITY-ST-ZIP	FT: LAUDERDALE FL 83301		2. 4 CITY-ST-ZIP	DANIA FL 33004		
TITLE	D	DELETE	3.1 1ITLE		Change	Addition
NAME	-PETITUEAN, DIANNE		3.2 NAME	OWEN DIANNE	* *	
STREET ADDRESS	521 S. ANDREWS AV E.		3.3 STREET ADDRESS	CO JE MALONE	1 # 201	
CITY-ST-ZIP	FT-LAUDERDALE FL 33301		34 CITY-ST-ZIP	700 B. PANIA BCK BIV	~	
TITLE	T	DELETE	4.1 TITLE	TORNIA TO SOS	Change	Addition
NAME	MALONE, JAMES E		4.2 NAME.	That he, James 6. 700 E. DANIA B	2-L Blud	# 201
STREET ADDRESS	521 S. ANDREWS AVE .		(4.3 STREET ADDRESS)	_		
CITY-ST-ZIP	FT-LAUDERDALE FL 33301		4.4 CiTY-ST-ZIP	DANIA PI	33004	
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST-7IP			
TITLE		☐ DELETE	61 THLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
PITY_ST_7IP			6 A CITY CT. 7ID			

14. I do 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. Jagnes E. Malon P

SIGNATURE: