


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 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 # **746824** (2)

1. Corporation Name
THE ENVIRONMENTAL COALITION OF BROWARD COUNTY, INC.

Principal Place of Business % JAMES E. MALONE P.O. BOX 501 DANIA FL 33004	Mailing Address % JAMES E. MALONE P.O. BOX 501 DANIA FL 33004
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3. Date Incorporated or Qualified
04/20/1979

4. FEI Number 59-1911551	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 10400 Griffin Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Cooper City FL	27 City & State
23 Zip 33328	25 Country USA
24	29

5. Certificate of Status Desired <input 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?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALONE, JAMES E
700 E DANIA BCH BLVD.
#201
DANIA FL 33004**

81 Name James E. Malone
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 501
83 608 NE 2nd St. #341
84 City DANIA
85 Zip Code FL 33004

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 *James E. Malone* DATE **3-1-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Steve Werthman, Pres/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JUDY, JOHN		1.2 NAME 10400 Griffin Rd	
STREET ADDRESS 700 3 DANIA BCH BLVD #201		1.3 STREET ADDRESS Cooper City FL 33328	
CITY-ST-ZIP DANIA FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE John Judy, V.P/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBSTER, PATTI		2.2 NAME 10400 Griffin Rd	
STREET ADDRESS 700 E DANIA BCH BLVD #201		2.3 STREET ADDRESS Cooper City FL 33328	
CITY-ST-ZIP DANIA FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PATTI Webster, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWEN, DIANNE		3.2 NAME 10400 Griffin Rd	
STREET ADDRESS 700 E DANIA BCH BLVD #201		3.3 STREET ADDRESS Cooper City FL 33328	
CITY-ST-ZIP DANIA FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE James Malone, Treas/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONE, JAMES E		4.2 NAME 10400 Griffin Rd	
STREET ADDRESS 700 E DANIA BCH BLVD #201		4.3 STREET ADDRESS Cooper City FL 33328	
CITY-ST-ZIP DANIA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *James E. Malone*

2-1-98 954-900-3122

CP2EC037 (10/97)