

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90073 001 ****70.00

DOCUMENT # N04000002405 1. Entity Name THE SOUTH BROWARD SUBSTANCE ABUSE COALITION, INC.					
Principal Place of Business C/O NEW BEGINNING LIFE CHRISTIAN CENTER 1050 S 56 AVE HOLLYWOOD, FL 33023			Mailing Address C/O NEW BEGINNING LIFE CHRISTIAN CENTER 1050 S 56 AVE HOLLYWOOD, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3871 Suite, Apt. #, etc.			
City & State _____		City & State HOLLYWOOD, FLORIDA		4. FEI Number 20-0772419	
Zip _____	Country _____	Zip 33083	Country USA	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, ANTOINETTE G C/O NEW BEGINNING LIFE CHRISTIAN CENTER 1050 S 56 AVE HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Antoinette G. Foster</i></u> Antoinette G. Foster President 8/15/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, ANTOINETTE G 5400 SW 21ST ST HOLLYWOOD, FL 33023	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ANTOINETTE G. FOSTER 1050 S. 56 AVENUE HOLLYWOOD, FL 33023
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAW, HENRY 6080 FLAGLER ST HOLLYWOOD, FL 33023	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, KAREN 5654 MAYO ST T HOLLYWOOD, FL 33023	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANKLIN, RUBY 1691 S 57TH AVE HOLLYWOOD, FL 33023	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCREA, ULYSES 5625 MAYO ST HOLLYWOOD, FL 33023	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEVIN 140 N.W. 93RD AVE HOLLYWOOD, FL 33023	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DWAYNE SIMONETTE 203 SW 3 COURT HALLANDALE, FL 33009	☐ Change ☒ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ALQUASHIA JACKSON 4437 SW 24 STREET HOLLYWOOD, FL 33023	☐ Change ☒ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director VEGINA HAWKINS 4017 SW 26 STREET HOLLYWOOD, FL 33023	☐ Change ☒ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Antoinette G. Foster</i></u> Antoinette G. Foster 8/17/05 9549617463 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					