
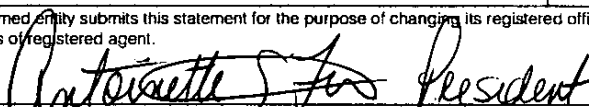



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90049 002 ****61.25

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 P.O. BOX 3871 HOLLYWOOD, FL 33083		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-0772419				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> President <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 20%; text-align: right;"> 4/11/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER, ANTOINETTE G		NAME		
STREET ADDRESS	1050 S 56 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLAIN, JAMAAL		NAME		
STREET ADDRESS	4000 SW STREET, APT 2		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGORE, DANIELLE		NAME		
STREET ADDRESS	1857 BUCHANAN STREET, # 2		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONETTE, DWAYEN		NAME		
STREET ADDRESS	203 SW 3 COURT		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, ALQUASHIA		NAME		
STREET ADDRESS	4437 SW 24 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS, VEGINA		NAME		
STREET ADDRESS	4017 SW 26 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: 			Antoinette G. Foster 4/11/07 954/8813826		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		