

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 044 ****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
**P.O. BOX 3871
HOLLYWOOD, FL 33083**



02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0772419

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Antoinette G. Foster President

2/19/08

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	FOSTER, ANTOINETTE G
STREET ADDRESS	1050 S 56 AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	VP
NAME	MCCLAIN, JAMAAL
STREET ADDRESS	4000 SW STREET, APT 2
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	S
NAME	LEGORE, DANIELLE
STREET ADDRESS	1857 BUCHANAN STREET, # 2
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	SIMONETTE, DWAYEN
STREET ADDRESS	203 SW 3 COURT
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	JACKSON, ALQUASHIA
STREET ADDRESS	4437 SW 24 STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	HAWKINS, VEGINA
STREET ADDRESS	4017 SW 26 STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023

**DO NOT WRITE
IN THIS SPACE**

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 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:

Antoinette G. Foster

Antoinette G. Foster 2/19/08

954 964 8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #