

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002405

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE SOUTH BROWARD SUBSTANCE ABUSE COALITION, INC.

Current Principal Place of Business:

C/O NEW BEGINNING LIFE CHRISTIAN CENTER
1050 S 56 AVE
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3871
HOLLYWOOD, FL 33083

New Mailing Address:

FEI Number: 20-0772419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, ANTOINETTE G
C/O NEW BEGINNING LIFE CHRISTIAN CENTER
1050 S 56 AVE
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, ANTOINETTE G
Address: 1050 S 56 AVENUE
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: MCCLAIN, JAMAAL
Address: 4000 SW STREETL, APT 2
City-St-Zip: HOLLYWOOD, FL 33023

Title: S () Delete
Name: LEGORE, DANIELLE
Address: 1857 BUCHANAN STREET, # 2
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SIMONETTE, DWAYNE
Address: 203 SW 3 COURT
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: JACKSON, ALQUASHIA
Address: 4437 SW 24 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: HAWKINS, VEGINA
Address: 4017 SW 26 STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WALTERS, CYNTHIA
Address: 4600 SW 25TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D (X) Change () Addition
Name: SIMONETTE, DWAYNE
Address: 203 SW 3 COURT
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE G. FOSTER

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date