

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002405

FILED  
May 01, 2012  
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  
**Name:** FOSTER, ANTOINETTE G  
**Address:** 1050 S 56 AVENUE  
**City-St-Zip:** HOLLYWOOD, FL 33023

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

**Title:** S  
**Name:** WALTERS, CYNTHIA  
**Address:** 4600 SW 25TH STREET  
**City-St-Zip:** HOLLYWOOD, FL 33023

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** ANTOINETTE G. FOSTER

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date