

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08426 (1)

1. Corporation Name

THE FLORIDA SHERIFFS' COUNCIL OF ADVISORY DEPUTIES, INC.



Principal Place of Business

Mailing Address

540 N.E. 8TH STREET  
SUITE 200A  
FT. LAUDERDALE FL 33304  
US

540 N.E. 8TH STREET  
SUITE 200A  
FT. LAUDERDALE FL 33304  
US

3. Date Incorporated or Qualified  
03/21/1985

3a. Date of Last Report  
08/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2600022

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

22

27

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, EARLE LEE, ESQ  
1995 E OAKLAND PARK BLVD  
SUITE 100  
FT. LAUDERDALE FL 33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE  
NAME NICK NAVARRO  
STREET ADDRESS 540 N.E. 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PHILLIP BAUMGARTEN  
STREET ADDRESS 540 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME EARLE LEE BUTLER,ESQ.  
STREET ADDRESS 540 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VC ☐ DELETE  
NAME FRED N. WINDRIDGE  
STREET ADDRESS 540 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME DR. GERARD D. GRAU  
STREET ADDRESS 540 NW 8TH WINDRIDGE  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Director  
5.3 STREET ADDRESS Donald Guerra  
5.4 CITY-ST-ZIP 540 NE 8th Street  
Ft. Lauderdale, Fl. 33304

TITLE D ☐ DELETE  
NAME JAMES STUART  
STREET ADDRESS 540 N.E. 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/96 (954) 832-0232

CR2E037 (12/95)