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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90249 035 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08426**

1. Corporation Name

**THE FLORIDA SHERIFFS' COUNCIL OF ADVISORY DEPUTIES, INC.**

Principal Place of Business

277 SW 33RD COURT  
FT LAUDERDALE FL 33315-3305  
US

Mailing Address

277 SW 33RD COURT  
FT LAUDERDALE FL 33315-3305  
US

210899 - 90249 - 35



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/21/1985

4. FEI Number

59-2600022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **NICK NAVARRO**  
STREET ADDRESS **540 N.E. 8TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE **TD** ☐ DELETE

NAME **PHILLIP BAUMGARTEN**  
STREET ADDRESS **277 SW 33RD COURT**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☐ DELETE

NAME **EARLE LEE BUTLER,ESQ.**  
STREET ADDRESS **1995 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VCD** ☐ DELETE

NAME **FRED N. WINDRIDGE**  
STREET ADDRESS **801 SEABREEZE BLVD, MARINA TOWER**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **GUERRA, DONALD**  
STREET ADDRESS **540 NW 8TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **JAMES STUART**  
STREET ADDRESS **540 N.E. 8TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition

1.2 NAME **ROBERT NIEHAUS**  
1.3 STREET ADDRESS **5960 N.E. 28th AVENUE**  
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

2.1 TITLE **D** ☐ Change ☐ Addition

2.2 NAME **GERARD GRAU, M.D.**  
2.3 STREET ADDRESS **540 N. E. 26th ST.**  
2.4 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **JAMES STEPHENS**  
3.3 STREET ADDRESS **200 FIESTA WAY**  
3.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

4.1 TITLE **D** ☐ Change ☐ Addition

4.2 NAME **HARVEY YOUNG**  
4.3 STREET ADDRESS **424 ROYAL PLAZA DR**  
4.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

5.1 TITLE **D** ☐ Change ☐ Addition

5.2 NAME **ERIC PETERSON, ESQ.**  
5.3 STREET ADDRESS **1305 S. E. 5th AVENUE**  
5.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

954-768-9600

Date

Daytime Phone #

CR2E037 (11/98)