

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90024 030 ****61.25

DOCUMENT # N19175

1. Entity Name

**THE BROWARD COUNTY MEDICAL ASSOCIATION
ALLIANCE FOUNDATION, INC.**



Principal Place of Business

5101 N.W. 21ST AVE.
#440
FT. LAUDERDALE FL 33309
US

Mailing Address

5101 N.W. 21ST AVE.
#440
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0710590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, CYNTHIA
5101 NW 21 AVE
SUITE #440
FT. LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PE~~ ☐ Delete
NAME BELETTE, IVETTE
STREET ADDRESS 2488 POINCIANA LANE
CITY-ST-ZIP WESTON FL 33324

TITLE ☒ Change ☐ Addition
NAME BELETTE, IVETTE
STREET ADDRESS 2488 POINCIANA LANE
CITY-ST-ZIP WESTON, FL 33327

TITLE PD ☒ Delete
NAME AST, JOAN
STREET ADDRESS 6180 SW 51ST COURT
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME MOLL, DIANA
STREET ADDRESS 2602 OAKBROOK COURT
CITY-ST-ZIP WESTON FL 33332

TITLE ☒ Change ☐ Addition
NAME MOLL, DIANA
STREET ADDRESS 3749 GULFSTREAM WAY
CITY-ST-ZIP DAVIE, FL 33328

TITLE RDS ☒ Delete
NAME SHELDON, ALYSSO
STREET ADDRESS 1549 VICTORIA ISLE WAY
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~FD~~ ☐ Delete
NAME FAMEL, LINDA
STREET ADDRESS 701 INTERCOASTAL DR.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME FAUER, LINDA
STREET ADDRESS 701 INTRACOASTAL DR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME GREINER, ANNE
STREET ADDRESS 11041 NW 7 ST.
CITY-ST-ZIP PLANTATION, FL 33324

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04

954.916.6675

Date

Daytime Phone #