

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 # **N20627** (8)

1. Corporation Name

BROWARD COUNTY COMMITTEE FOR THE PREVENTION OF CHILD ABUSE, INC.



Principal Place of Business

P.O. BOX 16623
FT. LAUDERDALE FL 33317

Mailing Address

P.O. BOX 16623
FT. LAUDERDALE FL 33317

3. Date Incorporated or Qualified
05/13/1987

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

4. FEI Number
65-0003574

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILCHRIST, ROSEMARY
6415 SW 4 CT
HALLANDALE FL 33009**

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 ☐ DELETE

NAME **PD JOHNSTON, BRAD**
STREET ADDRESS **3625 NW 121 AVE.**
CITY - ST - ZIP **SUNRISE FL 33323**

TITLE ☐ DELETE

NAME **VD HOTTE, ANNE**
STREET ADDRESS **221 NW 43 CT.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **SD NISSENFELD, CATHY**
STREET ADDRESS **9120 N.W. 14 STREET**
CITY - ST - ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE

NAME **TD GILCHRIST, ROSEMARY**
STREET ADDRESS **641 SW 4 CT.**
CITY - ST - ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE

NAME **D HANSEN, NINA**
STREET ADDRESS **600 S.E. 3RD AVE.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Nina Hansen**

1.3 STREET ADDRESS **4025 SW 15 St.**

1.4 CITY - ST - ZIP **Princeton Beach FL 33169**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Barbara VanDostrum**

4.3 STREET ADDRESS **9441 NW 48 St**

4.4 CITY - ST - ZIP **Sunrise FL 33351**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)