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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33318-6623



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
05/13/1987

3a. Date of Last Report
04/04/1996

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

GILCHRIST, ROSEMARY
8415 SW 4 CT
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name Barbara Van Oostrum
82 Street Address (P.O. Box Number is Not Acceptable)
9441 NW 48 ST
83
84 City Sunrise FL 85 Zip Code 33351

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 *Barbara Van Oostrum*

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

(NOTE: Registered Agent signature required when reinstating)

3/14/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HANSEN, NINA
STREET ADDRESS 4025 SW 15TH ST
CITY-ST-ZIP POMPAHO BCH FL ☒ DELETE

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

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

TITLE TD
NAME VANDOSTRUM, BARBARA
STREET ADDRESS 9441 NW 48TH ST
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Susan Tell
1.3 STREET ADDRESS 3045 E 18 ST
1.4 CITY-ST-ZIP Fort Lauderdale FL 33316 ☒ Change ☐ Addition

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

14. I do 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.

CR2E037 (9/96)