FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPR(AN FIL.

95 MAR 15

SECRETARY TALLAHASSE

DOCUMENT # N36442 (4)

1. Corporation Name

BROWARD ASSOCIATION OF URBAN BANKERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1591 FT. LAUDERDALE FL 33302	P.O. BOX 1591 FT. LAUDERDALE FL 33302

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0295350 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANTANA, WILLIAM A.
12930 S.W. 20TH STREET
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTANA, WILLIAM A.	1.2 NAME	
STREET ADDRESS	12930 SW 20TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	NEELY, JAMES	2.2 NAME	
STREET ADDRESS	1 FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	HORTON, CAROLYN	3.2 NAME	PRINCESS MOORE
STREET ADDRESS	7300 NW 49 PLACE	3.3 STREET ADDRESS	303 SW 95TH WAY
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SALTERS, DAMITA	4.2 NAME	
STREET ADDRESS	444 WESTREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARSH, CARL	5.2 NAME	
STREET ADDRESS	561 WESTWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, JEFFREY	6.2 NAME	
STREET ADDRESS	4480 NW 28 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	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: Princess D. Moore 2/1/95 (305) 765-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048487