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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:11

DOCUMENT # N39892 (7)

1. Corporation Name
CITIES IN SCHOOLS OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
500 E BROWARD BLVD SUITE 109 FT. LAUDERDALE FL 33394	500 E BROWARD BLVD SUITE 109 FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0216677 ☐ 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 1-790 North State Rd. 7	26
22 Suite 200	27
23 Ft. Lauderdale, Florida	28
24 Zip 33319 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHUMPERT, JULIE
500 E. BROWARD BLVD
STE 109
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: Julie Shumpert
82 Street Address (P.O. Box Number is Not Acceptable): 4790 N. State Rd. 7, suite 200
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33319

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: Julie Shumpert — 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, KATIE GUSTAFSO	1.2 NAME	
STREET ADDRESS	110 SE SIXTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSTRAAN, JIM	2.2 NAME	
STREET ADDRESS	333 SW 12 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	RODRIGUEX, RAY	3.2 NAME	D Scott Bechtle
STREET ADDRESS	7080 NW 4TH ST	3.3 STREET ADDRESS	Barnett Bank of Broward County
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	1 E. Broward Blvd. Ft. Lauderdale, FL 33301
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Katie Stephens Katie Stephens 1-18-95 527-4762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047618