


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

0006923

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 OCT 20 PM 1:17

SECRETARY OF STATE



**DOCUMENT # N39892 (7)**  
 1. Corporation Name  
**COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.**

Principal Place of Business Mailing Address  
 4790 NOTH STATE RE 7 SUITE 200 FT LAUDERDALE FL 33319 US  
 4790 N. STATE ROAD 7 SUITE 200 FT. LAUDERDALE FL 33319

3. Date Incorporated or Qualified  
**09/07/1990**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
**BRADLEY, ANDREA**  
 4790 N. STATE RD. 7  
 SUITE 200  
 FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent  
 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 *Andrea Bradley* **Executive Director** DATE **9/10/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, KATIE GUSTAFSO	
STREET ADDRESS	110 S.E. SIXTH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BECHTLE, SCOTT	
STREET ADDRESS	1 EAST BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCNALLY, PHILIP G	
STREET ADDRESS	600 S.E. THIRD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ELKIN, STEVE	
STREET ADDRESS	110 S.E. 6 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRADLEY, ANDREA	
STREET ADDRESS	4790 N. STATE RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FARMER, GERALD	
1.3 STREET ADDRESS	6711 N. OCEAN BLVD., #8	
1.4 CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
2.1 TITLE	① O'Connell, Anne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1500 NW 49 St.	
2.3 STREET ADDRESS	FT. LAUDERDALE, FL 33309	
2.4 CITY-ST-ZIP		
3.1 TITLE	① Destreicher, Ron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	777 American Express Way	
3.3 STREET ADDRESS	FT. LAUDERDALE, FL 33337	
3.4 CITY-ST-ZIP		
4.1 TITLE	① Carroll, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	826 NE 20 Ave.	
4.3 STREET ADDRESS	FT. LAUDERDALE, FL 33316	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002675149--E	
5.3 STREET ADDRESS	-10/28/98-01087-029	
5.4 CITY-ST-ZIP	*****70.00 *****70.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	B 10/20 98 AR	
6.4 CITY-ST-ZIP		

14. 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 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: *Andrea Bradley* DATE: **9/10/98** (954) 730-8070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)