SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Sep 10 1998 8:00am
Secretary of State

DOCUMENT # N42501 (9)

1. Corporation Name

BROWARD SEAHAWKS SWIM TEAM BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
BROWARD COMMUNITY COLLEGE 3501 SW DAVIE ROAD DAVIE FL 33314 US	BROWARD COMMUNITY COLLEGE 3501 SW DAVIE ROAD DAVIE FL 33314 US

3. Date Incorporated or Qualified: 03/11/1991

4. FEI Number: 65-0245482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 N/A

9. Name and Address of Current Registered Agent

NELSON, GARRY
BROWARD COMMUNITY COLLEGE
3501 SW DAVIE ROAD
SUNRISE FL 33314

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 _____ 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	D	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	NELSON, GARRY		1.2 NAME	Abramczyk, June	
STREET ADDRESS	3501 SW DAVIE ROAD		1.3 STREET ADDRESS	9739 N.W 46 St.	
CITY-ST-ZIP	DAVIE FL 33314		1.4 CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	☐ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	LEVENTHAL, KATHY		2.2 NAME	LEVENTHAL, KATHY	
STREET ADDRESS	4322 FILMORE STREET		2.3 STREET ADDRESS	4322 FILLMORE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	P	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	DIAZ, CATHY		3.2 NAME	JUDD, MIKE	
STREET ADDRESS	214 SW 159 WAY		3.3 STREET ADDRESS	3501 SW Davie Rd.	
CITY-ST-ZIP	SUNRISE FL 33326		3.4 CITY-ST-ZIP	Davie FL 33314	
TITLE	S	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	MILLER, PAM		4.2 NAME	Drews, John	
STREET ADDRESS	1980 SW 28TH TERRACE		4.3 STREET ADDRESS	5022 Grant St.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		4.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	T	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	LOCKIE, BRIAN		5.2 NAME	Raymond, Donna	
STREET ADDRESS	10861 GOLFVIEW DRIVE NORTH		5.3 STREET ADDRESS	2855 morning Glory Circle	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		5.4 CITY-ST-ZIP	Davie, FL 33314	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	MULCAHY, MARY		6.2 NAME	Strehler, Susan	
STREET ADDRESS	10931 NW 18TH STREET		6.3 STREET ADDRESS	1541 W. Oak Knoll Circle	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL	

CR2E037 (5/98)

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: Kathleen O. Leventhal, Treasurer Kathleen O. Leventhal 8/31/98 (954) 966-5816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #