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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42501**

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

2. Principal Place of Business
21 Sunrise Civic Center
Suite, Apt. #, etc. 22 10610 W. Oakland Pk Blvd
City & State 23 Sunrise F
Zip 24 33351 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27 520 NE 20 St #715
City & State 28 Wilton Manors Fl
Zip 29 33305 Country 30 USA

3. Date Incorporated or Qualifed
03/11/1991

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NELSON, GARY
BROWARD COMMUNITY COOLEGE
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) 520 NE 20 St #715
83
84 City Wilton Manors FL 85 Zip Code 33305

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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMCZYK, JANE		1.2 NAME	
STREET ADDRESS	9439 N.W. 46 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33326		1.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVENTHAL, KATHY		2.2 NAME	
STREET ADDRESS	4322 FILMORE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JUDD, MIKE		3.2 NAME	
STREET ADDRESS	3501 S.W. DAVIE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, PAM		4.2 NAME	
STREET ADDRESS	1980 SW 28TH TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DREWS, JOHN		5.2 NAME	
STREET ADDRESS	5022 GRANT STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, SUSAN		6.2 NAME	
STREET ADDRESS	2855 MORNING GLORY CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jane B Abramczyk 1/23/99 954-741-7965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #