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 APR 13 PM 3:05

DOCUMENT # N42586 (0)

1. Corporation Name

BROWARD ESOL COUNCIL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1341 FT. LAUDERDALE FL 33302	P.O. BOX 1341 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1991
3a. Date of Last Report: 07/11/1994
4. FEI Number: 65-0228750 ☐ 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

KRAFT, MICHAEL J.
920 SW 75 TERRACE
PLANTATION FL 33317

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JEAN	12 NAME		
STREET ADDRESS	P.O. BOX 1341 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	14 CITY-ST-ZIP		
TITLE	MD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BULLOCK, ANITA	22 NAME	LANA LYSEN	
STREET ADDRESS	P.O. BOX 1341 N/A	23 STREET ADDRESS	P.O. Box 1341 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33302	
TITLE	D	31 TITLE	SD	☒ Change ☐ Addition
NAME	LUCAS, NANCY	32 NAME	BARBARA SUTTON	
STREET ADDRESS	P.O. BOX 1341 N/A	33 STREET ADDRESS	P.O. Box 1341 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33302	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	NOYES, ADELE	42 NAME		
STREET ADDRESS	4700 COCONUT CREEK PKWY.	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	TD	☒ Change ☐ Addition
NAME	KRAFT, MICHAEL J	52 NAME		
STREET ADDRESS	920 SW. 75 TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE	D	☒ Change ☐ Addition
NAME	CARY, JEAN	62 NAME		
STREET ADDRESS	7040 NW 6 ST.	63 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33313	64 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: Michael J. Kraft 4/7/95 (305) 792-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL J. KRAFT

0000838