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

APPROVED AND FILED

95 JUL -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44744** **(3)**

1. Corporation Name

THE NORTHEAST BROWARD EDUCATION COMMITTEE, INC.

Principal Place of Business	Mailing Address
2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062	2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1991
3a. Date of Last Report: 07/05/1994
4. FEI Number: 65-0329202 ☐ 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

MACLEAN, FREDERICK R.
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

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 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	PD	☒ Change ☐ Addition
NAME	MACLEAN, ANNE B.	12 NAME	Patti McLain	
STREET ADDRESS	2540 N.E. 31ST CT.	13 STREET ADDRESS	3211 Robbins Road	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	14 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	SD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	MCLAIN, PATTI	22 NAME	Anne B. MacLean	
STREET ADDRESS	3211 ROBBIBS ROAD	23 STREET ADDRESS	2540 NE 31st Court	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	D	31 TITLE	SD	☒ Change ☐ Addition
NAME	HINKLE, DARRYL L.	32 NAME	Darryl L. Hinkle	
STREET ADDRESS	4151 NE 22ND TERRACE	33 STREET ADDRESS	4151 NE 22nd Terrace	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	34 CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☒ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

AT 7/31

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)(k), 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: Darryl L. Hinkle 6/30/95 305-941-2312
SIGNATURE OF NEW OFFICER OR DIRECTOR Date Daytime Phone #
Darryl L. Hinkle
Director and Secretary

0010021