FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N4474

1. Corporation Name

(3)

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 33062-8224

FILED Sep 10 1997 8:00am Secretary of State



		, • • • • • • • • • • • • • •	- •			
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996	
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number Applied For	
21					65-0329202 Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	L Cou	intry	8. This corporation has liability for intengible tax under s. 199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	S. Hallis and Address of Content	negistored Agent		81 Nam	·	
MACIEA	N EDEDEDICK D					
MACLEAN, FREDERICK R. 2800 N.E. 14TH STREET CAUSEWAY				82 Street Address (P.O. Box Number is Not Acceptable)		
	POMPANO BEACH FL 33062					
POMPAR	DENOTITE 33002					
				84 City	ty B5 Zip Code	
11. Pursuant t	to the provisions of Sactions 617.0502	and 617.1508. Florida Statu	tes, the a	bove-name	med corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was	authorize	d by the c	corporation's board of directors. I hereby accept the appointment as registered	
	m ramiliar with, and accept the obliga	itons of, section 617.0003, F	iorioa stat	.0(68.		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registerer	d Agent signat	nature required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	X DEL€TE	1.1 TI	TLE	S/D K Change Additio	
NAME	MACLEAN, ANNE B.		1.2 N/	AME	TAYLOR, SAMUEL H.	
STREET ADDRESS	2540 N.E. 31ST CT.		1.3 \$1	reet addres	RESS 792 S.W. 2nd Street	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 Cl	TY-ST-ZIP		
TITLE	PD	₹] DELETE	2.1 11	TLE	T/D X Change Additio	
NAME	MCLAIN, PATTI		2.2 N	AME	MCLAIN, PATTI	
STREET ADDRESS	3211 ROBBIBS ROAD		2.3 \$1	REET ADDRES		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 C	ITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	SD	X DELETE	3.1 TF	TLE	P/D Additio	
NAME	HINKLE, DARRYL L.		3.2 N/	AME	HINKLE, DARRYL L.	
STREET ADDRESS	4151 NE 22ND TERRACE		3.3 \$1	REET ADDRES	ESS 4151 N.E. 22nd Terrace	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4. C	ITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	TĎ	X DELETE	4.1 T/1	TLE	VP7D	
NAME	TAYLOR, SAMUEL H		4. 2 N	AME	O'HARA, JUDY C.	
STREET ADDRESS	2831 N.E. 34TH COURT		4.3 ST	REET ADDRES	3511 N.E. 26th Avenue	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			TY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		☐ DELETE	5 1 Til		⊕ Change	
NAME			5.2 NA		MACLEAN, ANNE B.	
STREET ADDRESS			5.3 ST	REET ADDRES	(==)0 N.D. Side Obdie	
CITY-ST-ZIP		T DELETE		TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TI		Change	
NAME			6.2 NA			
STREET ADDRESS				reet addres		
CITY-ST-ZIP	outify that the information arrested	with this filing does not and		TY-ST-ZIP		
information I am an of	n indicated on this annual report or su ficer or director of the corporation or t	ipplemental annual report is the receiver or trustee empor	true and a vered to e	ocuráte a	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; the this report as required by Chapter 617, Florida Statutes; and that my name	
appears in	n Block 12 or Block 13 If changed, or	on an attachment with an ad	dress.			