

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 043 ****61.25

DOCUMENT # N44744

1. Corporation Name

THE NORTHEAST BROWARD EDUCATION COMMITTEE, INC.

Principal Place of Business

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Mailing Address

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/20/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0329202	
24 Country		29 Country		30	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		Trust Fund Contribution	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	O'HARA, JUDY C	1.2 NAME	O'Hara, Judy C.
STREET ADDRESS	3511 NE 26TH AVE	1.3 STREET ADDRESS	2835 NE 28th Ave. #11
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	TD	2.1 TITLE	SD
NAME	MCLAIN, PATTI	2.2 NAME	McLain, Patti
STREET ADDRESS	3211 ROBBINS RD	2.3 STREET ADDRESS	2130 NE 32nd Street
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	PD	3.1 TITLE	D
NAME	HINKLE, DARRYL L.	3.2 NAME	Hinkle, Darryl
STREET ADDRESS	4151 NE 22ND TERRACE	3.3 STREET ADDRESS	4151 NE 22nd Terrace
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	SD	4.1 TITLE	VPD
NAME	TAYLOR, SAMUEL H	4.2 NAME	Taylor, Samuel H.
STREET ADDRESS	792 SW 2ND ST	4.3 STREET ADDRESS	792 SW 2nd Ave
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D	5.1 TITLE	TD
NAME	MACLEAN, ANNE B	5.2 NAME	Shaw, Suzanne
STREET ADDRESS	2540 NE 31ST CT	5.3 STREET ADDRESS	3690 NE 22nd Ave #204
CITY-ST-ZIP	LIGHTHOUSE POINT FL	5.4 CITY-ST-ZIP	Lighthouse Point, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL H. TAYLOR 9/13/99 954-785-5406

CR2E037 (5/99)