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 -5 PM 2:51

DOCUMENT # N46685 (6)

1. Corporation Name

VOICE FOR CHOICE OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1238 FT. LAUDERDALE FL 33302 US	P.O. BOX 1238 FT. LAUDERDALE FL 33302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1992
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0330994 ☐ 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

KAMI, KATHRYN
2456 NE 26 STREET
LIGHTHOUSE POINT FL 33064

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	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	HEAD, MARJORIE	12 NAME	ANNETTE VAN HOWE	
STREET ADDRESS	8843 CLEARY BOULEVARD	13 STREET ADDRESS	2100 SE OCEAN DRIVE #1K	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	KAMS, KATHRYN	22 NAME	KATHRYN KAMI (CORRECTED)	
STREET ADDRESS	2456 NE 26TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	WILLIAMSON, BARBARA	32 NAME	KAREN PARKS HOSTO	
STREET ADDRESS	2952 NW 13TH ST.	33 STREET ADDRESS	161 SE 13 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
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		

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: Kathryn Kami Secretary/Director 3/25/95 305/712-3233
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #