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Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP.O. BOX 1238
FT. LAUDERDALE FL 33302-1238
US3. Date Incorporated or Qualified
01/03/19923a. Date of Last Report
06/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
65-0330994Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMI, KATHRYN
2456 NE 26 STREET
LIGHTHOUSE POINT FL 3306481 Name
Connie Hjaasen

82 Street Address (P.O. Box Number is Not Acceptable)

83 707 S.E. Third Ave.

84 City
Fort Lauderdale FL 85 Zip Code
33316

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 Connie L. Hjaasen, Director Connie L. Hjaasen DATE May 28, 1997
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 ☒ DELETE
NAME VAN HOWE, ANNETTE
STREET ADDRESS 2100 S. OCEAN DR. #11K
CITY-ST-ZIP FT. LAUDERDALE FL 333161.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Smith, Bertha
1.3 STREET ADDRESS 569 Banks Rd.
1.4 CITY-ST-ZIP Margate, Fl. 33063 ☒ Change ☐ AdditionTITLE SD ☐ DELETE
NAME KAMI, KATHRYN
STREET ADDRESS 2456 NE 26TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 330642.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Herring, Barbara
2.3 STREET ADDRESS 430 San Marco Drive
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 ☒ Change ☐ AdditionTITLE TD ☐ DELETE
NAME HOSTO, KAREN PARKS
STREET ADDRESS 161 SE 13TH STREET
CITY-ST-ZIP POMPANO BEACH FL 330603.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Hosto, Karen Parks
3.3 STREET ADDRESS 161 S.E. 13th Street
3.4 CITY-ST-ZIP Pompano Beach, Fl. 33060 ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Barbara Herring Barbara Herring 5-28-97 954/463-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035455

CR2E037 (9/96)