Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business P.O. BOX 1238 P.	1000					
VOICE FOR CHOICE OF BROWARD COUNTY, INC. Principal Place of Business Mailing Address		85				
Principal Place of Business P.O. BOX 1238 FT. LAUDERDALE FL 33302 US 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. City & State 2d. Country 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. Suite, Apt. #, etc. 2d. FEI Number 65-0330994. Description Country 2d. FE	· ·	ARD COUNTY, INC.				* 882796. JONES. 5 6
FT. LAUDERDALE FL 33302 US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. Date Incorporated or Qualified 0.1/03/1992 2. FE Number 65-0330994. City & State 2. City & State 3. Date Incorporated or Qualified 0.1/03/1992 5. Certificate of Status Desired Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered HIAASEN, CONNIE 707 S.E. THIRD AVE FT. LAUDERDALE FL 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 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 appoint of the provisions of Sections 617,0502 and 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Principal Place of Business	Mailing Address				
21	FT. LAUDERDALE FL 33302	FT. LAUDERDALE F	FL 33302			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 Zip Country Zip Country Zip Country 30 Name and Address of Current Registered Agent HIAASEN, CONNIE 707 S.E. THIRD AVE FT. LAUDERDALE FL 33316 T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 of the provisions of Sections 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. Note: A. FEI Number 6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL City FL Signature, typed or printed name of registered agent and little if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS		<u>⊢</u> ,	s			
City & State 28 City & State 28 City & State 28 City & State 28 Country Country Country Country 6. Election Campaign Financing Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name HIAASEN, CONNIE 707 S.E. THIRD AVE FT. LAUDERDALE FL 33316 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 or 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 apport 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	Suite, Apt. #, etc.	Suite, Apt. #, e	tc.			4. FEI Number
Zip Country 25 29 30 Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name HIAASEN, CONNIE 707 S.E. THIRD AVE FT. LAUDERDALE FL 33316 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 appoint 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	City & State	City & State				5. Certificate of Status Desired \$8
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name HIAASEN, CONNIE 707 S.E. THIRD AVE FT. LAUDERDALE FL 33316 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 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 apport 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	Zip Country	Zip	30	, ,	,	1 1 1 1
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	SIGNATURE	red agent and title if applicable	(NOTE: Re	oistered Ace	nt signature	required when reinstating) DATE
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1 1100	TITLE PD		ETE	1.1 TITLE		

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

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SIGNATURE		WOTE D.	istered Agent signature re	and the minutelina	DATE		\
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: REG	13.		SES TO OFFICERS AF	ND DIRECTO	RS IN 12
TITLE (PD DELE	TE	1.1 TITLE			☐ Change	Addition
NAME	SMITH. BERTHA		1.2 NAME				
	569 BANKS RD		1.3 STREET ADDRESS]
STREET ADDRESS	MARGATE FL	Į.	1.4 CITY-ST-ZIP				ţ
CITY-ST-ZIP	TD DELE	TE	2.1 TITLE			Change	Addition
TITLE	HERRING, BARBARA		2.2 NAME				_
NAME	430 SAN MARCO DR	1	2.3 STREET ADDRESS				ſ
STREET ADDRESS				*	•		
CITY-ST-ZIP	FT. LAUDERDALE FL VD G DELE	TF T	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE			3.2 NAME			_ ,	_
NAME	HOSTO, KAREN PARKS						
STREET ADDRESS	161 S.E. 13TH ST	Į	3.3 STREET ADDRESS			•	
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE	C) DELE	:16	4.1 TITLE			☐ Criange	
NAME		1	4, 2 NAME				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS			4.3 STREET ADDRESS				
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STREET ADDRESS		l	5.3 STREET ADDRESS		·		ļ
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TITLE	☐ DELE	TE	6.1 TITLE			. Change	Addition
NAME		•	6.2 NAME				,
STREET ADDRESS		l	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		· .		

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, egon an attachment with an address, with all other like empowered.

SIGNATURE: