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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46732 (6)

1. Corporation Name

BROWARD'S COALITION FOR TRANSIT NOW, INC.



Principal Place of Business

Mailing Address

MASS TRANSIT DIVISION
3201 WEST COPANS ROAD
POMPANO BEACH FL 33069

MASS TRANSIT DIVISION
3201 WEST COPANS ROAD
POMPANO BEACH FL 33069-5140

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-6000531

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

8. 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

SCANLON, MICHAEL J.
3201 W. COPANS RD.
POMPANO BEACH FL 33069

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 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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WEINER, EDWARD T.
STREET ADDRESS 7350 NW 5TH ST.
CITY-ST-ZIP PLANTATION FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME DELEGAL, SUSAN F.
STREET ADDRESS ONE EAST BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME FALCK, WALTER W.
STREET ADDRESS 115 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME JUST, DAVID R.
STREET ADDRESS 2020 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SNYDER, GEORGE H.
STREET ADDRESS 6200 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME FOWLER, WILLIAM
STREET ADDRESS 115 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025929

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