

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 FEB 22 AM 11:21

DOCUMENT # N49433

(8)

1. Corporation Name

BROWARD BUSINESS AGAINST NARCOTICS AND DRUGS, INC.

Principal Place of Business

Mailing Address

**512 NE THIRD AVE
FT LAUDERDALE FL 33301**

**512 NE THIRD AVE
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0373765

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANES, FERN P.
GREATER FT LAUDERDALE CHAMBER OF COMMERCE
512 NE THIRD AVENUE
FORT LAUDERDALE FL 33302**

81 Name

LONG, Michael S.

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

512 N.E. 3rd Avenue

83

84 City

Fort Lauderdale,

FL

85 Zip Code

33301

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

M. Wood - Executive Director

2/17/95

(Signature, typed or printed name of registered agent, and date, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STEPHENS, KATIE GUSTAFON
STREET ADDRESS	110 SE 6TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	BERTUCELLI, STEVE
STREET ADDRESS	100 NW 82ND AVENUE, SUITE 304
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	BROWN, ALLEN
STREET ADDRESS	POST OFFICE 5367
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	CENTERA, JOHN
STREET ADDRESS	10501 NW 50TH STREET, #104
CITY-ST-ZIP	SUNRISE FL
TITLE	D
NAME	CHOATE, DAVID
STREET ADDRESS	1300 S. ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	ERICKSEN, BARBARA
STREET ADDRESS	101 W. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	SUNRISE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Mary E. Wood
2.3 STREET ADDRESS	1619 Seabreeze Blvd.
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addition.

SIGNATURE:

Mary E. Wood

2/17/95

305-4624799

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)