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Apr 10 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 # N49433 (8)

1. Corporation Name

BROWARD BUSINESS AGAINST NARCOTICS AND DRUGS, IN
C.

Principal Place of Business

Mailing Address

512 NE THIRD AVE
FT LAUDERDALE FL 33301

512 NE THIRD AVE
FT LAUDERDALE FL 33301-3236

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0373765

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

LONG, MICHAEL S
512 NE 3RD AVENUE
512 NE THIRD AVENUE
FT LAUDERDALE FL 33301

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, or both, 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 STEPHENS, KATIE
STREET ADDRESS 777 GLADES ROAD
CITY - ST - ZIP BOCA RATON FL

TITLE VD ☐ DELETE
NAME PULCINI, FRANK
STREET ADDRESS 1320 SW 115TH AVE
CITY - ST - ZIP FT LAUDERDALE FL

TITLE S ☐ DELETE
NAME PAT DAVALLE
STREET ADDRESS N/A CPO BOX
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE TOP ☐ DELETE
NAME CENTERA, JOHN
STREET ADDRESS 10501 NW 50TH STREET, #104
CITY - ST - ZIP SUNRISE FL

TITLE D ☐ DELETE
NAME CHOATE, DAVID
STREET ADDRESS 1300 S. ANDREWS AVENUE
CITY - ST - ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE
NAME MICHAEL S. LONG
STREET ADDRESS 512 NE 3RD AVE
CITY - ST - ZIP FT LAUDERDALE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
NADINE FROUG
2745 W. CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33069

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

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
CD

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 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: M. O. S. LONG

4/7/97 (054) 462-3503

CP2E037 (9/96)