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

APPROVED AND FILED
95 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50276 (7)

1. Corporation Name

THE BROWARD COURT ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.

Principal Place of Business	Mailing Address
624 SW 1ST AVE. FT. LAUDERDALE FL 33301	624 SW 1ST AVE. FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0355760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BRADY, WALTER R.
624 SW 1ST AVE.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: John T. Stone
82 Street Address (P.O. Box Number is Not Acceptable): 624 S. W. 1st Avenue
83:
84 City: Ft 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: John T. Stone (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: April 10, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T / D	11 TITLE		☐ Change ☐ Addition
NAME	BROWN, LUCILE	12 NAME		
STREET ADDRESS	2470 SE 7TH DR.	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP		
TITLE	P / D	21 TITLE		☐ Change ☐ Addition
NAME	MERWIN, JOHN C., JR.	22 NAME		
STREET ADDRESS	2221 CYPRESS ISLAND DR., #201	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	24 CITY-ST-ZIP		
TITLE	V / D	31 TITLE		☐ Change ☐ Addition
NAME	WALKER, R.F.	32 NAME		
STREET ADDRESS	624 S.W. 1ST AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	M	☐ Change ☒ Addition
NAME	MARKO, PAUL M III	42 NAME	Miriam Oliphant	
STREET ADDRESS	624 S.W. 1ST AVE.	43 STREET ADDRESS	Broward County School Board	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	44 CITY-ST-ZIP	600 S.E. 3Avenue Ft. Lauderdale	
TITLE	M	51 TITLE	M	☒ Change ☐ Addition
NAME	ROSSMAN, RICHARD	52 NAME	William H. Kilby	
STREET ADDRESS	624 S.W. 1ST AVE.	53 STREET ADDRESS	2601 E. Oakland Park Blvd	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	54 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$75/18

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 119.07(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 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: John T. Stone 4/10/95 (305) 763-4585 x50
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000489