

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified
08/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0355760

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

STONE, JOHN T
624 S.W. 1ST 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **BROWN, LUCILE**
STREET ADDRESS **2470 SE 7TH DR.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PD** ☐ DELETE
NAME **MERWIN, JOHN C., JR.**
STREET ADDRESS **2221 CYPRESS ISLAND DR., #201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VD** ☐ DELETE
NAME **WALKER, R.F.**
STREET ADDRESS **624 S.W. 1ST AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **S** ☒ DELETE
NAME **MARKO, PAUL M III**
STREET ADDRESS **624 S.W. 1ST AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **M** ☒ DELETE
NAME **KILBY, WILLIAM H**
STREET ADDRESS **2601 E. OAKLAND PARK BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **M** ☐ DELETE
NAME **OLIPHANT, MIRIAM**
STREET ADDRESS **600 S.E. 3 AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **John Purger**
1.3 STREET ADDRESS **3080 N. E. 42 Street**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **William J. Ricci**
2.3 STREET ADDRESS **2924 Center Avenue**
2.4 CITY-ST-ZIP **Ft Lauderdale, FL 33308**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Mark J. Skipper**
3.3 STREET ADDRESS **315 S. E. 7 Street**
3.4 CITY-ST-ZIP **Ft Lauderdale, FL 33301**

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 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, Executive Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Stone

Date

4/1/95 954-763465

Daytime Phone #

CR2E037 (12/95)