

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 MAY 14 AM 8:24

DOCUMENT # N92000000689 (1)

1. Corporation Name

NORTH BROWARD CITIZENS ACTION GROUP INC.

Principal Place of Business

Mailing Address

4700 N.E. 1ST TERR.
POMPANO BEACH FL 33064

4700 N.E. 1ST TERR.
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0403608

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, EDWARD
4700 N.E. 1ST TERR.
POMPANO BEACH FL 33064**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ALVAREZ, EDWARD**
STREET ADDRESS **4700 N.E. 1ST TERR**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **DS**
NAME **SJURSEN, CAROL**
STREET ADDRESS **4700 N.E. 1ST TERR**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **DT**
NAME **ALVAREZ, GINGER**
STREET ADDRESS **4700 N.E. 1ST TERR**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **D**
NAME **HUNT, BOB**
STREET ADDRESS **250 N.E. 41ST ST.**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **D**
NAME **STEWART, JEANNE**
STREET ADDRESS **1855 N.E. 48TH ST.**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **D**
NAME **LARSON, LILLIAN**
STREET ADDRESS **1560 N.E. 44TH ST**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REMITTED BY MAY 1

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 recorder or trustee empowering 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:

EDWARD ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

781-0470