

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000003321 (7)

1. Corporation Name

NATIONAL STROKE ASSOCIATION, SOUTH FLORIDA CHAPT
ER, INC.



Principal Place of Business

Mailing Address

201 E SAMPLE ROAD
POMPANO BEACH FL 33064

201 E SAMPLE ROAD
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

07/23/1993

4. FEI Number

74-2317104

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, BARBARA D
201 E SAMPLE ROAD
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BROWN, BARBARA
STREET ADDRESS 201 E. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MARK BRADY MD
1.3 STREET ADDRESS 2765 NE 24TH ST
1.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE D ☐ DELETE
NAME RUBIN, DOROTHY P.
STREET ADDRESS 250 JACARANDA DR.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME DAVID J. LEVY
2.3 STREET ADDRESS 858 S. MILITARY TR
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☒ DELETE
NAME DORN, JOYCE
STREET ADDRESS 1880 NW 97 AVE
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MATTES, MARY E
STREET ADDRESS 6880 CANARY PALM CIRCLE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TODD, H.M.
STREET ADDRESS 201 E SAMPLE RD
CITY-ST-ZIP POMPANO BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JUSTER, SUZANNE F
STREET ADDRESS 6587 RACQUET CLUB DRIVE
CITY-ST-ZIP LAUDERHILL FL 33319

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, on an attachment with an address.

SIGNATURE: *Barbara D Brown* 4/29/98 954-786-7333

CR2E037 (10/97)