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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90048 028 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003321**

1. Corporation Name

**NATIONAL STROKE ASSOCIATION, SOUTH FLORIDA CHAPT  
ER, INC.**

Principal Place of Business  
**201 E SAMPLE ROAD  
POMPANO BEACH FL 33064**

Mailing Address  
**201 E SAMPLE ROAD  
POMPANO BEACH FL 33064**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**07/23/1993**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**74-2317104**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

24 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**

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 **ELLA CORBETT**  
1.3 STREET ADDRESS **1131 SW 7TH AV**  
1.4 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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 **EFFIE ROSEN**  
2.3 STREET ADDRESS **4225 CARAMBOLA CIRCLE SO.**  
2.4 CITY-ST-ZIP **COCONUT CREEK, FL 33064**

TITLE **D** ☐ DELETE  
NAME **BRODY, M**  
STREET ADDRESS **2765 NEAV ST 24TH ST**  
CITY-ST-ZIP **LIGHTHOUSEPOINT FL 33064**

3.1 TITLE **D** ☐ Change ☐ Addition  
3.2 NAME **MARILYN RUSSO**  
3.3 STREET ADDRESS **4800 NW 28TH AV**  
3.4 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☐ DELETE  
NAME **LEVY, D J**  
STREET ADDRESS **858 S MILITARY TR**  
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara D Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99 954-786-7333**

Date

Daytime Phone #

CR2E037 (11/98)