

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90152 010 \*\*\*\*61.25

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DOCUMENT # N93000005099

1. Corporation Name

THE FAMILIES' CHARITY OF BROWARD, INC.

Principal Place of Business

7650 SOUTHGATE BLVD  
#410  
N. LAUDERDALE FL 33068  
US

Mailing Address

5621 HANCOCK RD.  
#410  
FT. LAUDERDALE FL 33330  
US



2. Principal Place of Business

21 7640 SOUTHGATE BLVD

Suite, Apt. #, etc.

22 8

City & State

23 N. LAUDERDALE, FL.

Zip

24 33068

Country

25 US

2a. Mailing Address

26 5621 HANCOCK RD.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

65-0445683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SUCHTER, H. R  
5621 HANCOCK RD.  
STE 410  
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name

SLICHTER, H. RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)

5621 HANCOCK ROAD

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33330

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 DCD ☐ DELETE

NAME SLICHTER, H. RICHARD

STREET ADDRESS 5621 HANCOCK RD.

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME AIELLO, JAMES L

STREET ADDRESS 5621 HANCOCK RD.

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DS ☐ DELETE

NAME SLICHTER, MARIE A

STREET ADDRESS 5621 HANCOCK RD.

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME TOSI, PAUL P.

STREET ADDRESS 7650 SOUTHGATE BLVD

CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 (954) 726-8394

CR2E037 (11/98)