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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:48

DOCUMENT # N94000002731 (7)

1. Corporation Name

BROWARD COUNTY ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION AND DANCE, INC.

Principal Place of Business	Mailing Address
~~5461 S.W. 1ST STREET~~ ~~PLANTATION FL 33317~~	~~5461 S.W. 1ST STREET~~ ~~PLANTATION FL 33317~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report: 6/01/1994
4. FEI Number: 65-0513826 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23: Florida	City & State 28: Florida
Zip 24	Zip 29
Country 25: USA	Country 30: USA

9. Name and Address of Current Registered Agent

ROSA, JOAN
10650 N.W. 22ND STREET
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name: Joe Monks
82 Street Address (P.O. Box Number is Not Acceptable): 3500 Blue Lake Drive
83: Apt. # 502C
84 City: Pompano Beach FL 85 Zip Code: 33064

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: Joseph C Monks T.D. 6/2/95
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	PD	1.1 TITLE	President/Dir	☒ Change ☐ Addition
NAME	CAMERON, JOHANNA	1.2 NAME	Fern Brooker	
STREET ADDRESS	5461 S.W. 1ST STREET	1.3 STREET ADDRESS	1833 NW 114 Ave	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VD	2.1 TITLE	Secretary/Dir	☒ Change ☐ Addition
NAME	LOY, JUDY	2.2 NAME	Gail Perrott	
STREET ADDRESS	5461 S.W. 1ST STREET	2.3 STREET ADDRESS	20320 NW 4th street	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	Pembroke Pines, Fl 33029	
TITLE	TD	3.1 TITLE	Treasurer/Dir	☒ Change ☐ Addition
NAME	ROSA, JOAN	3.2 NAME	Joe Monks	
STREET ADDRESS	5461 S.W. 1ST STREET	3.3 STREET ADDRESS	3500 Blue Lake Drive	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	Apt 502C Pompano Bch. Fl. 33064	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Joseph Monks T.D. 6/2/95 (305)786-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044880