FILE NOW: FILING FEE IS \$61.25

Mailing Address

5461 S.W. 1ST STREET PLANTATION FL 33317

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

5461 S.W. 1ST OTREET PLANTATION FL 33317

N94000002731 DOCUMENT #
1. Corporation Name

to

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

3. Date Incorporated or Qualified 06/01/1994

3a. Date of Last Report 06/08/1995

	• <i>\</i>	N/	00/01/1004	00/00/1883	
2. Principal Pla	ace of Business	2a. Mailing Address 26 3500 Blue Lake Dr	# 502-C	4. FEt Number 65-0513826	Applied For Not Applicable
2	3500 Blue Lake Dr. # 502-C Pompano Beach, FL 33064	2 Pompare	EL, 33004 —	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	B. This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032,
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New R	egistered Agent
MONINO	IOF		81 Name		
MONKS,	JUE JE LAKE DR		82 Street	Address (P.O. Box Number is Not Acceptab	e)
APT 502-			83		
	O BEAHC FL 33064				
1 OIIII AI1	O DEATIO 1 E SOCOT		84 City		FL 85 Zip Code
familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent	on 617.0503, Florida Statutes.	id by the corporation's E: Registered Agent signature	board of directors. I hereby accept the appointment of directors. I hereby accept the appointment of the property of the prope	DATE
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	TO	Change Addition
NAME	Brooker, Fern		1.2 NAME	FREDERICA Carles	ξ
STREET ADDRESS	1833 NW 114TH AVE		1.3 STREET ADDRESS	ne Ni col Middle - 141	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP	Hollywood, FL 3	
TITLE	SD SD	DELETE	21 TITLE		Change Addition
NAME	PERROTT, GAIL		2.2 NAME		
STREET ADDRESS	20320 NW 4TH ST PEMBROKE PINES FL		2.3 STREET ADDRESS	1	
CITY-ST-ZIP	TD PEMBRUKE PINES PL		2. 4 CITY-ST-ZIP		Change C Addition
TITLE	MONKS, JOE	DELETE	3.1 TITLE	1	Change Addition
NAME	3500 BLUE LAKE DR APT 5	n2-C	3.2 NAME	1	
STREET ADDRESS	POMPANO BEAHC FL	VL V	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 YITLE	<u> </u>	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

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 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

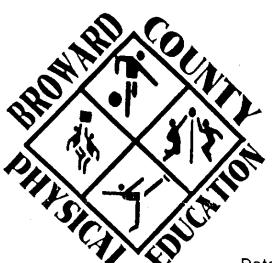
Addition

282

BCAHPED

TERN BROONER SILVER LAKES M.S. PRESIDENT

FREDERICA CARTER MC NICHOL M.S. TREASURER



JOE MONKS TEDDER ELEM. VICE-PRESIDENT

GAIL PERROT GRITTIN ELEM. SECRETARY

JUDY LOY COOPER CITY H.S. PAST-PRISIDENT

Dated: 4/8/96

Dear Sir or Madam,

Re. Filing Fee of \$61.25 for BCAHPED.

Please find enclosed the above mentioned amount in payment for incorporation of BCAHPED for the 1996 filing year.

Yours Sincerely in Health and Sport, Joe Monks
Out going TD