

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000000506 (4)**

1. Corporation Name

BROWARD COUNTY FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7447 MCKINLEY ST.
HOLLYWOOD FL 33024

7447 MCKINLEY ST.
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

107 Allen Road

26 P.O. Box 17506

4. FEI Number

65-0557428

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 City & State

Hollywood, FL

27 City & State

Plantation, FL

24 Zip

33023

25 Country

Broward

29 Zip

33318

30 Country

Broward

9. Name and Address of Current Registered Agent

HANSEN, RONALD P ESQ
2722 TAYLOR STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOLA, HILDA W	
STREET ADDRESS	7447 MCKINLEY ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALTMARK, JEFF	
STREET ADDRESS	921 SW 131 AVE	
CITY - ST - ZIP	DAVIE FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOLA, CHARLES F	
STREET ADDRESS	7447 MCKINLEY ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOUCHET, FAYE	
STREET ADDRESS	711 BLUE RIDGE WAY	
CITY - ST - ZIP	DAVIE FL 33325	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	STEPHENS, MARIANNE	
STREET ADDRESS	1491 NW 55 AVE	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALTMARK, PATTY	
STREET ADDRESS	921 SW 131 AVE.	
CITY - ST - ZIP	DAVIE FL 33325	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PY.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda Day	
1.3 STREET ADDRESS	107 Allen Road	
1.4 CITY - ST - ZIP	Hollywood, FL 33023	
2.1 TITLE	VP.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Key	
2.3 STREET ADDRESS	107 Allen Rd	
2.4 CITY - ST - ZIP	Hollywood, FL 33023	
3.1 TITLE	T/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ron Redfern	
3.3 STREET ADDRESS	107 Allen Rd	
3.4 CITY - ST - ZIP	Hollywood, FL 33023	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stephens, Marianne	
5.3 STREET ADDRESS	1491 N.W. 55 Ave	
5.4 CITY - ST - ZIP	Lauderhill, FL 33313	
6.1 TITLE	Recording Sec/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Altmark, Patty	
6.3 STREET ADDRESS	921 S.W. 131 Ave.	
6.4 CITY - ST - ZIP	DAVIE, FL 33325	

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.

SIGNATURE *Patty Altmark R.S.D. Patty Altmark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96 954/370-4704

Date Daytime Phone #

CR2E037 (12/95)