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FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # N95000001938 (8)

1. Corporation Name
BROWARD PROFESSIONAL PARENTS FOR SHELTER, FOSTER & ADOPTIVE CHILDREN, INC.



Principal Place of Business Mailing Address
765 NW 15 PL POMPANO BEACH FL 33060 **765 NW 15 PL POMPANO BEACH FL 33060-5312**

3. Date Incorporated or Qualified **04/24/1995** 3a. Date of Last Report **07/02/1996**
 4. FEI Number **65-0619605** 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**
 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUICK, BEULAH
765 NW 15 PL.
POMPANO BEACH FL 33060

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	D	<input type="checkbox"/> DELETE
NAME	QUICK, BEULAH	
STREET ADDRESS	765 NW 15 PL.	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERRIFF, WENDY	
STREET ADDRESS	1800 NW 15 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUYLER, WILLIE M	
STREET ADDRESS	1012 NW 13TH CT.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAMBERT, MATTIE L	
STREET ADDRESS	3911 NW 34TH WAY	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Beulah Quick* **REQUIRED** *Beulah Quick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/27/97* Phone # 0025323

CR2E037 (9/96)