

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90133 024 ****70.00

DOCUMENT # N95000003556

1. Corporation Name

COMMUNITY COUNCIL OF SOUTH BROWARD, INC.

Principal Place of Business
BROWARD SHERIFF'S OFFICE
2350 SW 30 AVENUE
PEMBROKE PARK FL 33023

Mailing Address
BROWARD SHERIFF'S OFFICE
2350 SW 30 AVENUE
PEMBROKE PARK FL 33023



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/25/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0612185

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUCY, MICHAEL
5121 SW 26TH CT
PEMBROKE PINES FL 33023

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 *Michael Soucy*
Signature, typed or printed name of registered agent and title if applicable.

Michael Soucy
(NOTE: Registered Agent signature required when reinstating)

4-16-99
DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
SOUCY, MICHAEL
STREET ADDRESS 5121 SW 26TH CT
CITY-ST-ZIP PEMBROKE PARK FL 33023

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME T/A
Soucy, Michael
1.3 STREET ADDRESS 5121 SW 26 CT.
1.4 CITY-ST-ZIP Pembroke Park, FL 33023

TITLE ☐ DELETE

NAME VD
PRICE MARVIN
STREET ADDRESS 4001 SW 25 ST
CITY-ST-ZIP HOLLYWOOD FL 33023

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME SD
KESSLER NICOLA
STREET ADDRESS 3810 SW 43 AVE
CITY-ST-ZIP HOLLYWOOD FL 33023

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME SD
ROACH ELLEN
STREET ADDRESS 2621 SW 48 TERR
CITY-ST-ZIP PEMBROKE PK FL 33023

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME PD
BRUNSON FELICIA
5.3 STREET ADDRESS 4630 SW 26 ST.
5.4 CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SD
WARREN TATTMAN
6.3 STREET ADDRESS 116 HARVARD TCS.
6.4 CITY-ST-ZIP HOLLYWOOD, FL 33023

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

Michael Soucy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99
Date

954-962-4713
Daytime Phone #

0022705

CR2E037 (11/98)