

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 AUG 30 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004288 (5)

1. Corporation Name

BROWARD COUNTY D.A.R.E. OFFICERS ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

FT. LAUDERDALE POLICE DEPARTMENT  
1300 WEST BROWARD BLVD.  
FT. LAUDERDALE FL 33312

FT. LAUDERDALE POLICE DEPARTMENT  
1300 WEST BROWARD BLVD.  
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Sheriff's  
Broward Sheriff's Office  
Suite, Apt. #, etc.  
27 300 NE 2nd Street

23 City & State

28 Deerfield Bch, FL

24 Zip

25 Country

29 Zip

30 Country

34411

USA

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, EDWARD J  
FT. LAUDERDALE POLICE DEPARTMENT  
1300 WEST BROWARD BLVD.  
FT. LAUDERDALE FL 33312

81 Name Catherine Combs, Deputy  
82 Street Address (P.O. Box Number is Not Acceptable)  
300 NE 2nd Street  
83 Broward Sheriff's Office  
84 City Deerfield Bch FL 85 Zip Code 34411

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

*Deputy Catherine Combs*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

8/24/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME ROBINSON, EDWARD J  
STREET ADDRESS 1300 WEST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

11 TITLE DT ☐ Change ☒ Addition  
12 NAME Martin, Claudette  
13 STREET ADDRESS 10440 W. Oakland Park Blvd.  
14 CITY-ST-ZIP Sunrise, FL 33351

TITLE DP ☐ DELETE  
NAME PASKER, DEBBIE  
STREET ADDRESS 10440 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP SUNRISE FL 33313

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME COMBS, CATHERINE  
STREET ADDRESS 300 NE 2ND STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 34411

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 400001342234  
34 CITY-ST-ZIP -09/09/96 -01037-006  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE DS ☐ DELETE  
NAME NESTOR, JACKIE  
STREET ADDRESS 3250 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL 33021

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME GRIFFIN, WES  
STREET ADDRESS 6901 SW 45TH STREET  
CITY-ST-ZIP DAVIE FL 33314

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE DT ☒ DELETE  
NAME POLIARD, KYPPS  
STREET ADDRESS 301 NE 38TH STREET  
CITY-ST-ZIP OAKLAND FL 33334

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-96 (954) 746-3539  
Date Daytime Phone #