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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33312BROWARD SHERIFFS OFFICE  
300 N.E. 2ND STREET  
DEERFIELD BEACH FL 33441-2128

2. Principal Place of Business

2a. Mailing Address

21 Broward SHERIFFS OFFICE

26 MIRAMAR POLICE DEPT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300 NE 2ND STREET

27 8915 MIRAMAR PKWY

City &amp; State

City &amp; State

23 DEERFIELD BEACH, FL

28 MIRAMAR FL.

Zip

Country

Zip

Country

24 33441

25 BROWARD

29 33025

30 Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/05/19953a. Date of Last Report  
08/30/1996

4. FEI Number

APPLIED FOR 65-0285801

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

HORTON MARY

82 Street Address (P.O. Box Number is Not Acceptable)

MIRAMAR POLICE DEPT

83

8915 MIRAMAR PKWY

84 City

MIRAMAR

FL

85 Zip Code

33025

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

Treasurer  
01/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE  
NAME MARTIN, CLAUDETTE  
STREET ADDRESS 10440 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP SUNRISE FL 333511.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME COMBS CATHERINE  
1.3 STREET ADDRESS 300 NE 2ND STREET  
1.4 CITY-ST-ZIP DEERFIELD BEACH FL.TITLE PD ☒ DELETE  
NAME PASKER, DEBBIE  
STREET ADDRESS 10440 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP SUNRISE FL 333132.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME CAT MARTIN CLAUDETTE  
2.3 STREET ADDRESS 10440 W OAKLAND PARK BLVD  
2.4 CITY-ST-ZIP SUNRISE FL 33351TITLE VD ☒ DELETE  
NAME COMBS, CATHERINE  
STREET ADDRESS 300 NE 2ND STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 344113.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME HORTON MARY  
3.3 STREET ADDRESS 8915 MIRAMAR PKWY  
3.4 CITY-ST-ZIP MIRAMAR FL 33025TITLE SD ☐ DELETE  
NAME NESTOR, JACKIE  
STREET ADDRESS 3250 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL 330214.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME GRIFFIN, WES  
STREET ADDRESS 6901 SW 45TH STREET  
CITY-ST-ZIP DAVIE FL 333145.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042719

CR2E037 (9/96)