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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000527 (9)

1. Corporation Name

CDC COALITION OF BROWARD COUNTY, INC.



Principal Place of Business

415 S.E. 13TH STREET
SUITE A
FORT LAUDERDALE FL 33316

Mailing Address

* 415 S.E. 13TH STREET
SUITE A
FORT LAUDERDALE FL 33316-1856

3. Date Incorporated or Qualified
01/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 233 N. FEDERAL HWY

2a. Mailing Address

26 Suite, Apt. #, etc.

22 SUITE 67

27 City & State

23 DANIA, FLORIDA

28 Zip

29 Country

24 33004

25 U.S.

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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

* RUCKER, SHERRYL
115 S.E. 13TH STREET
SUITE A
FORT LAUDERDALE FL 33316

81 Name SHERRYL L RUCKER

82 Street Address (P.O. Box Number is Not Acceptable)
1880 NW 32 AVE

83

84 City Ft. Land.

FL

85 Zip Code 33311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARTER, JERRY
STREET ADDRESS 233 N FEDERAL HIGHWAY UNIT 67
CITY-ST-ZIP DANIA FL 33004

1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SAUNDERS, SHARON
STREET ADDRESS 115 S.E. 13TH STREET SUITE A
CITY-ST-ZIP FORT LAUDERDALE FL 33316

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE * D ☐ DELETE
NAME THOMAS, ALDWIN
STREET ADDRESS 1100 W STATE ROAD 84, 2ND FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33315

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Aldwyn Thomas
3.3 STREET ADDRESS 3800 W. Broward Blvd.
3.4 CITY-ST-ZIP Ft. Land. FL 33311

TITLE D ☐ DELETE
NAME FRAZAR, P. LEW
STREET ADDRESS 1501 S FEDERA HIGHWAY 4TH FLOOR
CITY-ST-ZIP POMPANO BEACH FL 33062

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GONZALEZ, ADRIAN
STREET ADDRESS 291 S.E. 1ST TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BOWEN, DONALD
STREET ADDRESS 11 N.W. 36TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

6.1 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 REQUIRED

Jerry Carter

Date

Daytime Phone # 0036520

CR2E037 (9/96)