

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000527

1. Corporation Name

CDC COALITION OF BROWARD COUNTY, INC.

Principal Place of Business

233 N FEDERAL HWY
SUITE 67
DANIA FL 33004

Mailing Address

233 N FEDERAL HWY
SUITE 67
DANIA FL 33004

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90115 024 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

65-0858750

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

9. Name and Address of Current Registered Agent

RUCKER, SHERRY L
7008 NW 49TH COURT
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

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

No Change

4-23-99

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 C ☐ DELETE

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

TITLE D ☐ DELETE

NAME SAUNDERS, SHARON
STREET ADDRESS 112 S.E. 18TH STREET SUITE A
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D ☐ DELETE

NAME THOMAS, ALDWIN
STREET ADDRESS 3800 W BROWARD BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ DELETE

NAME FRAZAR, R. L. E. XXXX
STREET ADDRESS 1501 S. FEDERAL HIGHWAY 10TH FLOOR
CITY-ST-ZIP POMPANON BEACH FL 33062 X

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-99

954-921-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)