

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90029 038 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000527

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 694

Suite, Apt. #, etc.

City & State

City & State
 Dania Beach, Fl

4. FEI Number

65-0858750

Applied For

Not Applicable

Zip

Country

Zip

33004-0694

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALDWIN, THOMAS
 3880 WEST BROWARD BLVD
 FORT LAUDERDALE FL 33314 --

7. Name and Address of New Registered Agent

Name: Jerry Carter

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

210 N.W. 12th Avenue

City

Dania Beach,

FL

Zip Code
33004

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Jerry Carter

Signature, typed or printed name of registered agent used for filing

(NOTE: Registered Agent signature required when reinstating)

April 20, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	CARTER, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS			233 N FEDERAL HIGHWAY UNIT 67	
CITY-ST-ZIP			DANIA FL 33004	
TITLE	D	NAME	SAUNDERS, SHARON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			305 SE 18 CT	
CITY-ST-ZIP			FORT LAUDERDALE FL 33310	
TITLE	D	NAME	THOMAS, ALDWIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3880 W BROWARD BLVD	
CITY-ST-ZIP			FORT LAUDERDALE FL 33311	
TITLE	D T	NAME	ROGERS, USA	<input type="checkbox"/> Delete
STREET ADDRESS			1214 NE 4 AVE	
CITY-ST-ZIP			FT LAUD FL 33304	
TITLE	D	NAME	GONZALEZ, ADRIAN	<input type="checkbox"/> Delete
STREET ADDRESS			291 S.E. 1ST TERRACE	
CITY-ST-ZIP			DEERFIELD BEACH FL 33441	
TITLE	D	NAME	BOWEN, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS			11 N.W. 38TH AVENUE	
CITY-ST-ZIP			FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	CARTER, JERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			210 N.W. 12TH AVENUE	
CITY-ST-ZIP			DANIA BEACH, FLORIDA 33004	
TITLE	C	NAME	BARRY, S, KATHARINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2665 NORTHEAST 26TH TERRACE	
CITY-ST-ZIP			FORT LAUDERDALE, FLORIDA 33306	
TITLE	D	NAME	GRAHAM, HENRY L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			3100 N. 24TH AVENUE BLDG. #1	
CITY-ST-ZIP			HOLLYWOOD, FLORIDA 33020	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JERRY CARTER
 SIGNATURE

4/18/01

954-921-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)