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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000001408 (1)

1. Corporation Name

BROWARD MULTI-AGENCY GANG TASK FORCE ASSOCIATION  
, INC.



Principal Place of Business

Mailing Address

201 W BROWARD BLVD SUITE 208  
FT LAUDERDALE FL 33301

201 W BROWARD BLVD SUITE 208  
FT LAUDERDALE FL 33301-1839

3. Date Incorporated or Qualified  
03/11/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

EIN 65-0664383

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RADICE, CHARLES F  
201 W BROWARD BLVD SUITE 208  
FT LAUDERDALE FL 33301

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

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

☐ DELETE

1.1 TITLE

☐ Change ☒ Addition

NAME

1.2 NAME

Charles F. Radice

STREET ADDRESS

1.3 STREET ADDRESS

201 W Broward Blvd, Ste 208

CITY-ST-ZIP

1.4 CITY-ST-ZIP

FT. LAUD, FL. 33301

TITLE

☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME

2.2 NAME

Alan S. Minter, III

STREET ADDRESS

2.3 STREET ADDRESS

201 W. Broward Blvd Ste 208

CITY-ST-ZIP

2.4 CITY-ST-ZIP

FT LAUD, FL. 33301

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME

3.2 NAME

Peter Warrick

STREET ADDRESS

3.3 STREET ADDRESS

201 W. Broward Blvd Ste 208

CITY-ST-ZIP

3.4 CITY-ST-ZIP

FT. LAUD, FL. 33301

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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:

*C. F. Radice*

3/14/97 (254) 946-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035280

CR2E037 (9/96)