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DOCUMENT # 1. Corporation Name

Mar 09 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** N96000001408 (1)

BROWARD MULTI-AGENCY GANG TASK FORCE ASSOCIATION , INC.						
Principal Place of Business Mailing Address					I IDANIIRI BIB IRIIA BINI BANI ARIN ARIN PANI A	/0101 110)1 07011 0 0101 1011 1001
201 W BROWARD BLVD SUITE 208 201 W BROWARD BLVD SUI FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301					3. Date Incorporated or Qualified 03/11/1996	
					4. FEI Number 65-0664383	Applied For Not Applicable
2. Principal P	2. Principal Place of Business 2a. Mailin				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				Election Campaign Financing	\$5.00 May Be
27					Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowne	ers association?	
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the cu	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
			81	Name		
RADICE, CHARLES F 201 W BROWARD BLVD SUITE 208			82	Street Addr	ress (P.O. Box Number Is Not Acceptable)	
	DERDALE FL 33301		83	 		
• • 			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	02 and 617 1508. Florida Statut	es the abov	e-named corr	Poration submits this statement for the number	of changing its registered
office or r	egistered agent, or both, in the State	3 of Florida. Such change was a	authorized by	y the corporati	poration submits this statement for the purpose clion's board of directors. I hereby accept the appropriate the statement for the purpose countries to be submitted to be subm	pointment as registered
	m tamınar with, and accept the oblig	jations of, Section 517.0505, mic	Official Stations:	5.		
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if applicable. (NOT	E: Registered Ag	ent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CD	DELETE	1.1 TITLE			Change Addition
NAME	RADICE, CHARLES	TE AAA	1.2 NAME			ı
STREET ADDRESS	201 W. BROWARD BLVD., ST	₁E 208	- 2	T ADDRESS		
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL CD		1.4 CITY-S	ST-ZIP		
NAME	MINTER, ALAN S III	l I DELETE	21 TITLE			Change Addition
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.1 TITLE 2.2 NAME			Change Addition
CITY-ST-ZIP	201 W. BROWARD BLVD., SL	☐ DELETE	2.2 NAME	r Annaess		Change Addition
	201 W. BROWARD BLVD., SU FT. LAUDERDALE FL		2.2 NAME 2.3 STREET			Change Addition
TITLE	201 W. BROWARD BLVD., SU FT. LAUDERDALE FL VCD		2.2 NAME			Change Addition Change Addition
NAME	FT. LAUDERDALE FL	UITE 208	2.2 NAME 2.3 STREET 2.4 CITY-			
	FT. LAUDERDALE FL VCD WARRICK, PETER 201 W, BROWARD BLVD., SL	UITE 208	2.2 NAME 2.3 STREET 2.4 CITY-3 3.1 TITLE	ST-ZIP		
NAME	FT. LAUDERDALE FL VCD WARRICK, PETER	UITE 208	2.2 NAME 2.3 STREET 2.4 CITY-3 3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change ☐ Addition
NAME Street address	FT. LAUDERDALE FL VCD WARRICK, PETER 201 W, BROWARD BLVD., SL	UITE 208	2.2 NAME 2.3 STREET 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-1 4.1 TITLE	ST-ZIP T ADDRESS ST-ZIP		
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I hereby certify that the Information supplied with this filling 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 eath; 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:

FILED