


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001408</b> 1. Entity Name <b>BROWARD MULTI-AGENCY GANG TASK FORCE ASSOCIATION, INC.</b>																																																																																									
Principal Place of Business <b>201 W BROWARD BLVD SUITE 208 FT LAUDERDALE FL 33301</b>			Mailing Address <b>201 W BROWARD BLVD SUITE 208 FT LAUDERDALE FL 33301</b>																																																																																						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																							
City & State		City & State		4. FEI Number <b>65-0664383</b>																																																																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																					
6. Name and Address of Current Registered Agent  <b>RADICE, CHARLES F 201 W BROWARD BLVD SUITE 208 FT LAUDERDALE FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																					
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. I am familiar with, and accept the obligations of registered agent.																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																									
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RADICE, CHARLES</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">201 W. BROWARD BLVD., STE 208</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. LAUDERDALE FL</td> </tr> <tr> <td>TITLE</td> <td>CD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">MINTER, ALAN S III</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">201 W. BROWARD BLVD., SUITE 208</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. LAUDERDALE FL</td> </tr> <tr> <td>TITLE</td> <td>VCD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">WARRICK, PETER</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">201 W. BROWARD BLVD., SUITE 208</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FT. LAUDERDALE FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	CD	<input type="checkbox"/> Delete	NAME	RADICE, CHARLES		STREET ADDRESS	201 W. BROWARD BLVD., STE 208		CITY-ST-ZIP	FT. LAUDERDALE FL		TITLE	CD	<input type="checkbox"/> Delete	NAME	MINTER, ALAN S III		STREET ADDRESS	201 W. BROWARD BLVD., SUITE 208		CITY-ST-ZIP	FT. LAUDERDALE FL		TITLE	VCD	<input type="checkbox"/> Delete	NAME	WARRICK, PETER		STREET ADDRESS	201 W. BROWARD BLVD., SUITE 208		CITY-ST-ZIP	FT. LAUDERDALE FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																																																																									
<b>SIGNATURE:</b> <u>Charles F. Radice</u> <b>Charles F. Radice</b> <u>2/27/04</u> <u>954-946-4006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									

