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Apr 29, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000005044</b>					
1. Corporation Name <b>NORTH BROWARD YOUTH ARTS COUNCIL, INC.</b>					
Principal Place of Business <b>1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309</b>			Mailing Address <b>1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/30/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0586105</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>CAMILLO, JOHN M ESO 1600 WEST COMMERCIAL BLVD., FORT LAUDERDALE FL 33309</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPRUCE, WILLIAM D			1.2 NAME	SPRUCE, WILLIAM D.		
STREET ADDRESS	1600 WEST COMMERCIAL BLVD.,			1.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMILLO, JOHN M			2.2 NAME	CAMILLO, JOHN M.		
STREET ADDRESS	1600 WEST COMMERCIAL BLVD.,			2.3 STREET ADDRESS	221 W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAMAN, PHILIP E			3.2 NAME	MORGAMAN, PHILIP E.		
STREET ADDRESS	1600 WEST COMMERCIAL BLVD.,			3.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	STEPHENSON, MARK		
STREET ADDRESS				4.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D/V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	GARDNER, DEBORAH S.		
STREET ADDRESS				5.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	NICHOLS, NEAL		
STREET ADDRESS				6.3 STREET ADDRESS	3251 WASHINGTON BLVD.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ARLINGTON, VA. 22201		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

NORTH BROWARD YOUTH ARTS COUNCIL, INC.

ADDITIONAL DIRECTOR:

Title: D  
Name: David B. Zugman  
Street Address: 4875 N. Federal Hwy.  
City-St-Zip: Ft. Lauderdale, Fla. 33308

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