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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N97000001104 (5)**

1. Corporation Name

POSITIVE IMAGES OF BROWARD COUNTY, INC.



Principal Place of Business

2626 W. OAKLAND PARK BLVD.
ROOM 206
FT. LAUDERDALE FL 33311

Mailing Address

2626 W. OAKLAND PARK BLVD.
ROOM 206
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0750172

Applied For

Not Applicable

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAMPTON, JACQUELINE
3661 W OAKLAND PARK BLVD
SUITE 201
LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

Robin Hodge-Carey

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

2610 W. Oakland Pk Blvd.

83

Fort Lauderdale

84 City

FL

85 Zip Code

33311

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

Robin Hodge-Carey

Signature, typed or printed name of registered agent, if title is applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Treasurer D**

STREET ADDRESS **Robin Hodge-Carey**

CITY-ST-ZIP **2610 W. Oakland Pk Blvd.**

Fort Lauderdale, FL 33311 ☐ DELETE

TITLE ☐ DELETE

NAME **President D**

STREET ADDRESS **Lisa Barker**

CITY-ST-ZIP **7551 NW 21 St. Ct., Sunrise, FL 33311**

TITLE ☐ DELETE

NAME **Vice President D**

STREET ADDRESS **Deborah Ogiste**

CITY-ST-ZIP **3921 NE 30th Ter. #2**

Lauderdale Lakes, FL 33311 ☐ DELETE

TITLE ☐ DELETE

NAME **Secretary**

STREET ADDRESS **Georgia Foster**

CITY-ST-ZIP **P.O. Box 17352 (N/A)**

Fort Lauderdale, FL 33318 ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Robin Hodge-Carey

4/7/98

(954) 1-77-5262

CR2E037 (10/97)