FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000004128 (1)

BROWARD OUTREACH COMMUNITY DEVELOPMENT CORPORATI

Principal Place of Business Mailing Address 5431 MAYO STREET 5431 MAYO STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 20 1998 8:00am Secretary of State



Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/22/1997 4. FEI Number

23			28	28				Yes No				
Zip		Country	Zip		Country	,		. This cornor	ration owes or	has paid the cu	rrent year Int	annible
24	25	a ´	29	t	30		"		roperty Tax du			J No
9. Name and Address of Current Registered Agent							10			lew Registered	Agent	·
							6					
MACK, BOBBY LEE DR						Čiro et	4.	O Day No	-bi- blat A-			
5431 MAYO STREET						Street	et Address (P.O. Box Nur	mber is Not Ac	сертавіе)		1
HOLLYWOOD FL 33023												
I TOLETTI	1000112000	20			<u> </u>							
					84	City				FI	85 Zip (Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab							d corporation	on submits th	is statement fo	or the purpose	of changing it	s 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 of	printed name of registered o	oent and title if applicable	. (NOTE	Registered Age	nt signatur	ura required wha	en reinstating)		DATE		
12.			ND DIRECTORS		13.				CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 12
TITLE	DP		T.	DELETE	1.1 TITLE						Change	☐ Addition
NAME	MACK, BO	BBY LEE DR			1.2 NAME		Ì					ì
STREET ADDRESS	5431 MAY				1.3 STREET	ADDRESS	s					Í
CITY-SY-ZIP		OD FL 33023			1.4 CITY-5	T-ZIP						
TITLE	DV			DELETE	2.1 TITLE		1	~=~			Change	Addition
NAME	STEVENSO	ON, DORTHY			2.2 NAME							
STREET ADDRESS	4201 SW 2				2.3 STREET	ADDRESS	s					- 1
CITY-ST-ZIP		OD FL 33023			2. 4 CITY-1	ST - ZIP	ł					ſ
TITLE	D			DELETE	3.1 TITLE		T				Change	Addition
NAME	YOUNG, S	HIRLEY MALLOY	DR		3.2 NAME							
STREET ADDRESS						3.3 STREET ADDRESS						
CITY-ST-ZIP	1	LL LAKES FL	· _ _·		3.4. CITY-1	ST-ZIP						ì
TITLE	DS		Ţ	DELETE	4.1 TITLE		1				Change	Addition
NAME	MILLS, REI	ETA			4. 2 NAME							
STREET ADDRESS	5228 SW 2				4.3 STREET	ADDRESS	s					
CITY-ST-ZIP	1	OD FL 33023			4.4 CITY-S	T-ZIP						1
TITLE	DT			DELETE	5.1 TITLE						Change	☐ Addition
NAME	MACK, BE	ATRICE O			5.2 NAME							
STREET ADDRESS	1061 NW 1				5.3 STREET	ADDRESS	s					ľ
CITY-ST-ZIP	MIAMI FL 3	33169			5.4 CITY-S	T-21P						
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE		1				Change	☐ Addition
NAME .					6.2 NAME		1					1
STREET ADDRESS					6.3 STREET	ADDRESS	3					
CITY-ST-ZIP					6.4 CITY-S	T-ZIP	i					
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 or an attachment with an address.												
SIGNATURE: 254-963-1856												