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**Mar 22, 1999 8:00 am**  
**Secretary of State**

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0038776

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004972**

1. Corporation Name

**C.E. GLOVER COMMUNITY STUDY & OUTREACH CENTER, I  
 NC.**

Principal Place of Business

9061 NW 11 COURT  
 PLANTATION FL 33322

Mailing Address

9061 NW 11 COURT  
 PLANTATION FL 33322



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0777968

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

GLOVER, C E  
 9061 NW 11 COURT  
 PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

TITLE  DELETE

NAME DP  
 GLOVER, C E  
 STREET ADDRESS 9061 NW 11 COURT  
 CITY-ST-ZIP PLANTATION FL 33322

TITLE  DELETE

NAME DS  
 GILES, JACKI  
 STREET ADDRESS 504 NW 20 AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  DELETE

NAME DT  
 WATSON-WEST, ANNIE  
 STREET ADDRESS 2771 NW 26 AVE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE  DELETE

NAME D  
 ANDERSON, VIRGINIA  
 STREET ADDRESS 9965 NW 9 CT.  
 CITY-ST-ZIP PLANTATION FL 33324

TITLE  DELETE

NAME D  
 LEWIS, BETTY  
 STREET ADDRESS 4310 NW 22 ST.  
 CITY-ST-ZIP LAUDERHILL FL 33313

TITLE  DELETE

NAME D  
 WALDEN, ROBERT  
 STREET ADDRESS 1048 WYOMING AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33312

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 DT  
 MCDOWELL, HATTIE D.  
 3.3 STREET ADDRESS 3441 N. W. 7 COURT  
 3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33311

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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 954 763 5644  
 Date Daytime Phone #

CR2E037 (1/98)