

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

05-28-2002 90724 020 ****61.25

DOCUMENT # N99000003349

1. Entity Name

BACCALAURETTE COMMITTEE OF BROWARD COUNTY, INC.

Principal Place of Business

451 Southwest 30 Avenue
FT. LAUDERDALE FL 33312

Mailing Address

PO BOX 5824
FT LAUDERDALE FL 33310

39835

2. Principal Place of Business

451 Southwest 30 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33312

Country

U.S.A.

Zip

Country

4. FEI Number

65-1038665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSBY, EULA G
2325 NW 14TH STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSBY, EULA G 2325 NW 14TH STREET FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAWFORD, PEARLIE W 2737 NW 24TH AVENUE OAKLAND PARK FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASSITER, DELPHINE 5300 NW 18TH STREET APT. 3 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODRUM, ALZORA 727 NW 15TH AVENUE FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Barbara S. 451 SW 30 Avenue Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Phillips, Veronica 3541 NW 24 Street Lauderdale Lakes, FL 33311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barnes, Crystal 9541 NW 18 Street Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lassiter, Delphine 5300 NW 18th Street, Apt. 3 Lauderhill, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baylor, Esther 517 N.W. 19 Avenue Ft. Lauderdale, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, Fannie 7130 N.W. 46 Street Ft. Lauderdale, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mosby, Eula G. 2325 N.W. 14th Street Ft. Lauderdale, FL 33311	<input checked="" type="checkbox"/> Addition

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.

SIGNATURE: AS SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
 Date

(252) 791-0270
P. Crawford
 Daytime Phone #

CR2E037 (9/01)

Attachment

39835

Pearlie W. Crawford
2787 Northwest 24 Avenue
Fort Lauderdale, Florida 33311
(954) 731-0270

N99000003349

July 22, 2002

Mr. Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Harris:

We are in receipt of our annual uniform business forms, so that we may add the names of three directors. Since filing for corporate status three years ago, we were not aware that having directors/trustees was a requirement, and therefore, have never included names for that position on our report. The report was never returned previously.

Your letter was received on July 17, 2002. I called and spoke to Matt for clarification, and to determine what to do about the 30-day return date. He advised me to add names of directors, and write a letter to explain why the response was not returned within the allotted time frame. That is the purpose of this letter.

Attached is the revised copy of the 2000 Uniform Business report for the Baccalaureate Committee of Broward County, Inc., P.O. Box 5824, Fort Lauderdale, Florida 33310. We shall appreciate your processing our report.

Respectfully,
Pearlie W. Crawford for Barbara Gillis



39835

N99000003349

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 2, 2002

BACCALAURETTE COMMITTEE OF BROWARD COUNTY, INC.
PO BOX 5824
FT LAUDERDALE, FL 33310

Subject: BACCALAURETTE COMMITTEE OF BROWARD COUNTY, INC.

Reference Number: N99000003349

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION

7/17/02 Spoke to Matt re: directors' names. Said to add names
12:30 p.m. of 3 directors in box 11 and letter explaining
why directors had not been added.