

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90132 018 ***150.00

DOCUMENT # P95000027381

1. Corporation Name

UNITED FOR POSITIVE ACTION OF BROWARD COUNTY, IN
C.

Principal Place of Business

1339 NE 4 AVE
SUITE N
FT LAUDERDALE FL 33304

Mailing Address

1339 NE 4 AVE
SUITE N
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0573975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

COSTELL, WALTON JR
1339 NE 4 AVE
SUITE N
FT LAUDERDALE FL 33304

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 607.0502 and 607.1508, 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 607.0505, 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 DC ☐ DELETE

NAME SHORTER, CHARLES
STREET ADDRESS 657 NW 24 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE DP ☐ DELETE

NAME FULLER, WILLIE
STREET ADDRESS 1495 NW 114 ST
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☐ DELETE

NAME ROGERS, WILLIE
STREET ADDRESS 1745 LAUDERDALE MANOR DR
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE DT ☐ DELETE

NAME EBANKS, AUDLEY
STREET ADDRESS 1339 NE 4 AVE #N
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE DS ☐ DELETE

NAME RANDALL, EDDIE
STREET ADDRESS 2300 NW 11 CT
CITY-ST-ZIP POMPANO BEACH FL 33069

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 607, 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: *Audley E Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

954-467-8656
Daytime Phone #

CR2E034 (11/98)