

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716928

Entity Name: BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.**Current Principal Place of Business:**3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311 US**FEI Number: 59-1383875****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RADA, JOSE
3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33311 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	FOGAN, ROBERT J
Address	2625 SE 20 STREET
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	D
Name	RENNERT, GERALD
Address	9283 SW 1 STREET
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	DICIENZO, FRANCA
Address	110 SE 6TH ST #1402
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	D
Name	CURTIN, TIMOTHY
Address	110 SE 6TH ST #1402
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	D
Name	MORRIS, MARILYN
Address	1320 NW 93 TERRACE
City-State-Zip:	PLANTATION FL 33322

Title	EXECUTIVE DIRECTOR
Name	RADA, JOSE J
Address	110 SE 6TH ST., #1402
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	D
Name	ZAGER, JAY
Address	110 SE 6TH ST #1402
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	D
Name	CADIMA, GONZALO
Address	110 SE 6TH ST #1402
City-State-Zip:	FT. LAUDERDALE FL 33301

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE RADA**EXECUTIVE DIRECTOR****03/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name MANDELKORN , MATTHEW
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301

Title D
Name SALAZAR, ROBERT
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301