

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716928

Entity Name: BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.**Current Principal Place of Business:**110 SE 6TH ST
#1402
FT. LAUDERDALE, FL 33301**Current Mailing Address:**110 SE 6TH ST
#1402
FT. LAUDERDALE, FL 33301 US**FEI Number: 59-1383875****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RADA, JOSE
110 SE 6TH ST
STE 1402
FT LAUDERDALE, FL 33301 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 33316Title D
Name RENNERT, GERALD
Address 9283 SW 1 STREET
City-State-Zip: PLANTATION FL 33324Title D
Name DICIENZO, FRANCA
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301Title D
Name CURTIN, TIMOTHY
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301Title D
Name MORRIS, MARILYN
Address 1320 NW 93 TERRACE
City-State-Zip: PLANTATION FL 33322Title EXECUTIVE DIRECTOR
Name RADA, JOSE J
Address 110 SE 6TH ST., #1402
City-State-Zip: FORT LAUDERDALE FL 33301Title D
Name ZAGER, JAY
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301Title D
Name CADIMA, GONZALO
Address 110 SE 6TH ST
#1402
City-State-Zip: FT. LAUDERDALE FL 33301**Continues on page 2**

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**EX DIRECTOR****01/29/2015**_____
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