2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

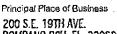
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DOCUMENT # 720214

1. Entity Name BROWARD CHILDRENS CENTER, INC.



FILED Feb 23, 2006 08:00 AM Secretary of State



200 S.E. 19TH AVE.

POMPANO BCH, FL 33060

Mailing Address

200 S.E. 19TH AVE. POMPANO BCH, FL 33060



01172006 No Chg-NP

CR2E037 (11/05)

4. FE! Number 59-1378244 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JOYCE T CPA 289 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334

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	named entity submits this statement for the puttons of registered agent.	rpose of changing its registered	office ar r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and fills if	monicable INOTE: Registered Ac	ent sionalum	o required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financir Trust Fund Centribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	P STEWART, JOYCE T 289 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33334			LECTION AND A	
title Name Street address City-St-Zip	O MC GOUGH, WILLIAM 13 ROYAL PALM WAY, # 603 BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE		
ntle Nami Street address Ckty-st-zip	D CECIL, MAUREEN F. 6230 NW 26TH CT SUNRISE, FL				
TITLE NAME STREET ADORESS CITY-ST-ZIP	D STEWART, ADAM 482 SPRINGS END LANE MARIETTA, GA 30068				
title Name Street address City-St-Zip	T VAN VORST, JOHN 6550 N. FEDERAL HWY FORT LAUDERDALE, FL 33308				
TITLE NAME	D APPEL, ELAINE				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: (

CITY-SI-ZIP

STREET ADDRESS 1882 N.W. 97TH AVENUE

PLANTATION, FL 33322

