


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 720214 1. Entity Name BROWARD CHILDRENS CENTER, INC.	
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Principal Place of Business 200 S.E. 19TH AVE. POMPANO BCH, FL 33060	Mailing Address 200 S.E. 19TH AVE. POMPANO BCH, FL 33060
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1378244	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)	DATE
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**Filing Fee is \$61.25
Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, JOYCE T 289 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GOUGH, WILLIAM 13 ROYAL PALM WAY, # 603 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECIL, MAUREEN F. 6230 NW 26TH CT SUNRISE, FL
TITLE NAME STREET ADDRESS 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 STREET ADDRESS CITY-ST-ZIP	D APPEL, ELAINE 1882 N.W. 97TH AVENUE PLANTATION, FL 33322

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IN THIS SPACE**

1107000444611
02/07/06-ANNRS-0113 70.00

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:  **2/9/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #