



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90044 035 \*\*\*\*70.00

<b>DOCUMENT # 720214</b> 1. Entity Name <b>BROWARD CHILDRENS CENTER, INC.</b>					
Principal Place of Business <b>200 S.E. 19TH AVE. POMPANO BCH, FL 33060</b>			Mailing Address <b>200 S.E. 19TH AVE. POMPANO BCH, FL 33060</b>		
2. Principal Place of Business - No P.O. Box # <b>1801 E. Atlantic Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Pompano Beach, FL</b>		City & State		4. FEI Number <b>59-1378244</b>	
Zip <b>33060</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STEWART, JOYCE T CPA 289 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEWART, JOYCE T</b> <b>289 E. OAKLAND PARK BLVD.</b> <b>FORT LAUDERDALE, FL 33334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dean Colson</b> <b>2206 Cypress Bend Dr. #402</b> <b>Pompano Beach, FL 33069</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MC GOUGH, WILLIAM</b> <b>13 ROYAL PALM WAY, # 603</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CECIL, MAUREEN F.</b> <b>6230 NW 26TH CT</b> <b>SUNRISE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, ADAM</b> <b>482 SPRINGS END LANE</b> <b>MARIETTA, GA 30068</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VAN VORST, JOHN</b> <b>6550 N. FEDERAL HWY</b> <b>FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>APPEL, ELAINE</b> <b>1882 N.W. 97TH AVENUE</b> <b>PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>2/1/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					