

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 020 ****70.00

DOCUMENT # 720214

1. Entity Name
BROWARD CHILDRENS CENTER, INC.



Principal Place of Business
**1801 E ATLANTIC BLVD
POMPANO BCH, FL 33060**

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



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI 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**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEWART, JOYCE T
STREET ADDRESS	289 E. OAKLAND PARK BLVD.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	MC GOUGH, WILLIAM
STREET ADDRESS	13 ROYAL PALM WAY, # 603
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COLSON, DEAN
STREET ADDRESS	2206 CYPRESS BEND DR# 402
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	T
NAME	VAN VORST, JOHN
STREET ADDRESS	6550 N. FEDERAL HWY
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Joyce T. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08
Date

Daytime Phone #