

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713360

**Entity Name:** BROWARD COUNTY JUSTICE ASSOCIATION, INC.

**Current Principal Place of Business:**

7154 N. UNIVERSITY DR.  
#261  
TAMARAC, FL 33321

**Current Mailing Address:**

7154 N. UNIVERSITY DR.  
#261  
TAMARAC, FL 33321 US

**FEI Number:** 59-2249854

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SILVERMAN, LAURA  
7154 N. UNIVERSITY DR  
#261  
TAMARAC, FL 33321 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            PRESIDENT  
Name            MURPHEY, BEN  
Address        2211 DAVIE BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            SECRETARY  
Name            ROSEN, ERIC  
Address        700 SE 3 AVENUE  
                 SUITE #300  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            VP  
Name            HENRATTY, SCOTT L  
Address        14 ROSE DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            TREASURER  
Name            FINIZIO, ELIZABETH  
Address        106 SE 9TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: BEN MURPHEY**

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date