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.

CHAIR

SIGNATURE	IOSEPH EPSTEIN	

JOSEPH EPSTEIN

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Ν

Officer/Director Detail .						
Title	D	Title	D			
Name	BAKALAR, HOWARD	Name	EPSTEIN, JOSEPH AC			
Address	313 NORTH STATE ROAD 7	Address	313 NORTH STATE ROAD 7			
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317			

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

Current Mailing Address: 313 NORTH STATE ROAD7

PLANTATION, FL 33317 US

DOCUMENT# N0400009560

313 NORTH STATE ROAD 7 PLANTATION FL 33317

Current Principal Place of Business:

FEI Number: 20-2273948

Name and Address of Current Registered Agent:

EPSTEIN, JOSEPH CHAIR 313 NORTH STATE ROAD7 PLANTATION, FL 33317 US

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BROWARD CARES FOR KIDS FOUNDATION, INC.

FILED Jan 14, 2015 Secretary of State CC2057397762

Certificate of Status Desired: No

01/14/2015

Date

Date