| 1100 W MCNA<br>FORT LAUDEF  | RDALE, FL 33309   |  |  |            |
|---|---|--|--|------------|
| Current Ma  | iling Address:  |  |  |            |
| 1100 W MC<br>FORT LAUE  | NAB ROAD<br>DERDALE, FL 33309 US  |  |  |            |
| FEI Number: 20-2273948  |   |  | Certificate of Status Desi   | red: No    |
| Name and A  | Address of Current Registered Agent:  |  |  |            |
| MCCAWLEY, S<br>1100 W MCNA<br>FORT LAUDEF   |   |  |  |            |
| The above name  | d entity submits this statement for the purpose of changing its   | registered office or regis                                     | tered agent, or both, in the State of Flor   | ida.       |
| SIGNATUR  | E: SIGRID MCCAWLEY  |  |  | 06/26/2020 |
|   | Electronic Signature of Registered Agent  |  |  | Date       |
|   |   |  |  |            |
| Officer/Dire  | ctor Detail :   |  |  |            |
| <b>Officer/Dire</b><br>Title  | ctor Detail :<br>CHAIRMAN   | Title  | DIRECTOR   |            |
|   |   | Title<br>Name  | DIRECTOR<br>MCDERMOTT, LISA  |            |
| Title   | CHAIRMAN  |  |  |            |
| Title<br>Name   | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD   | Name   | MCDERMOTT, LISA<br>1100 W MCNAB ROAD   | ,          |
| Title<br>Name<br>Address  | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD   | Name<br>Address  | MCDERMOTT, LISA<br>1100 W MCNAB ROAD   |            |
| Title<br>Name<br>Address<br>City-State-Zip:   | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309   | Name<br>Address<br>City-State-Zip:                             | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309   |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title  | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR   | Name<br>Address<br>City-State-Zip:<br>Title                    | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR   |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name  | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>AKITI, MELIDA<br>1100 W MCNAB ROAD   | Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>ANDERSON, NICHOLE                      |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address                             | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>AKITI, MELIDA<br>1100 W MCNAB ROAD   | Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>ANDERSON, NICHOLE<br>1100 W MCNAB ROAD |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address<br>City-State-Zip:          | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>AKITI, MELIDA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309             | Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>ANDERSON, NICHOLE<br>1100 W MCNAB ROAD |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | CHAIRMAN<br>MCCAWLEY, SIGRID<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>AKITI, MELIDA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR | Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | MCDERMOTT, LISA<br>1100 W MCNAB ROAD<br>FORT LAUDERDALE FL 33309<br>DIRECTOR<br>ANDERSON, NICHOLE<br>1100 W MCNAB ROAD |            |

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: SIGRID MCCAWLEY

Electronic Signature of Signing Officer/Director Detail

06/26/2020

## FILED Jun 26, 2020 **Secretary of State** 1012504364CC

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0400009560

Entity Name: BROWARD CARES FOR KIDS FOUNDATION, INC.

## **Current Principal Place of Business:**

1100 W MCNAB ROAD