

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007141

Entity Name: IMAGINE - WEST BROWARD, INC.

Current Principal Place of Business:

13790 N.W. 4TH STREET
SUITE 208
SUNRISE, FL 33325

Current Mailing Address:

13790 N.W. 4TH STREET
SUITE 208
SUNRISE, FL 33325 US

FEI Number: 30-0708668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CHAIR, DIRECTOR
Name SANDOE, PATRICK
Address 1320 ALEXANDER BEND
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name ALLEN, SYLVIA
Address 401 NW 130 AVENUE
City-State-Zip: PLANTATION FL 33325

Title DIRECTOR
Name BARNES, ERIKA ROYAL
Address 19257 STONEBROOK STREET
City-State-Zip: WESTON FL 33332

Title DIRECTOR
Name MONTAN, JASON
Address 1290 ALEXANDER BLVD.
City-State-Zip: WESTON FL 33327

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: PATRICK SANDOE

CHAIR

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date