

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002135

**Entity Name:** COMMUNITY SOLUTIONS OF BROWARD, INC.**Current Principal Place of Business:**3800 W. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312**Current Mailing Address:**3800 W. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312**FEI Number:** 45-0649121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEDMAN, DAVID  
3800 W. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312 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           | DIRECTOR                 |
| Name            | LYNCH, LESLIE            |
| Address         | 3800 W. BROWARD BLVD.    |
| City-State-Zip: | FORT LAUDERDALE FL 33312 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | CORREIA-KENT, JOANNE   |
| Address         | 601 SOUTH STATE ROAD 7 |
| City-State-Zip: | PLANATION FL 33317     |

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | MYATT, JOYCE       |
| Address         | 3400 N 29TH AVENUE |
| City-State-Zip: | HOLLYWOOD FL 33020 |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | JAQUITH, PAUL            |
| Address         | 7145 W OAKLAND PARK BLVD |
| City-State-Zip: | LAUDERHILL FL 33313      |

*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:** JOANNE CORREIA-KENT**DIRECTOR****03/23/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date