

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009707

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**5517611333CC**

**Entity Name:** BROWARD BEHAVIORAL HEALTH COALITION, INC.

**Current Principal Place of Business:**

3521 WEST BROWARD BOULEVARD  
SUITE 206  
LAUDERHILL, FL 33312

**Current Mailing Address:**

3521 WEST BROWARD BOULEVARD  
SUITE 206  
LAUDERHILL, FL 33312 US

**FEI Number:** 45-3675836

**Certificate of Status Desired:** No

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

KLAHR, JULIE F.  
GOREN CHEROF DOODY & EZROL, P.A.  
3099 E. COMMERCIAL BLVD., SUITE 200  
FORT LAUDERDALE, FL 33308 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:** JULIE F. KLAHR

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIR  
Name RICH, NAN  
Address BROWARD COUNTY  
GOVERNMENTAL CENTER  
115 S. ANDREWS AVE., ROOM 414  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR, VICE CHAIR  
Name MCGARRY, NEAL  
Address 1104 MANGO ISLE  
City-State-Zip: FORT LAUDERDALE FL 33315-1330

Title DIRECTOR, TREASURER  
Name MEROLLA, NANCY L.  
Address 2500 WESTON ROAD, SUITE 100  
City-State-Zip: WESTON FL 33331

Title DIRECTOR, SECRETARY  
Name CAMPBELL, KATHARINE  
Address 1881 NE 26TH ST. SUITE 70  
City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR  
Name CAMPBELL, KIMM  
Address DEPARTMENT OF HUMAN SERVICES  
BROWARD COUNTY  
115 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name DAVIS, LARRY  
Address 1926 HARRISON STREET  
City-State-Zip: HOLLYWOOD FL 33020-5018

Title DIRECTOR  
Name DEMILLE, VIVIAN  
Address 3800 W. BROWARD BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name FARMER, GARY M.  
Address 216 SENATE BUILDING  
404 SOUTH MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32399-1100

**Continues on page 2**

*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:** NAN RICH

DIRECTOR, CHAIR

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name NYAMORA, SUSAN  
Address 5225 NW 33RD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name PIERRE, MEZ  
Address 6020 SHAKERWOOD CIRCLE  
APARTMENT #201C  
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR  
Name RONI, STEPHEN  
Address 4740 N. STATE ROAD 7  
City-State-Zip: FORT LAUDERDALE FL 33319

Title DIRECTOR  
Name RUSSELL, SCOTT  
Address 2601 W. BROWARD BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name WEXLER, LOIS  
Address 510 TORCHWOOD AVE  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name MARTIN, ROBIN  
Address 501 NE 2ND STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name OSGOOD, ROSALIN  
Address 600 S.E. 3RD AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR  
Name REIN, LARRY  
Address 313 NORTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name ROSEN, JACKIE  
Address 2645 EXECUTIVE PARK DRIVE  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name TUCKER, TAMMY  
Address 3501 JOHNSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name BERRY, RAY  
Address HEALTH BUSINESS SOLUTIONS  
10620 GRIFFIN ROAD, SUITE 204  
City-State-Zip: COOPER CITY FL 33328