

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009707

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

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VC
Name RICH, NAN
Address 115 SOUTH ANDREWS AVENUE
ROOM 414
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER
Name BRUNSON, ANTHONY
Address C/O SHARPTON 110 E. BROWARD
BLVD.
City-State-Zip: FORT LAUDERDALE FL 33301

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: LOIS WEXLER

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date