

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009707

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC8462405711**

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

**Current Principal Place of Business:**

1715 S.E. 4TH AVENUE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1715 S.E. 4TH AVENUE  
FT. LAUDERDALE, FL 33316 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

04/29/2016

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 115 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VC  
Name RODRIQUEZ, ROCKY  
Address C/O BETTER HOMES 777 S. FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33316

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

CHAIR

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date