

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009707

FILED
Feb 18, 2021
Secretary of State
1364719963CC

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

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIR
Name RICH, NAN
Address BROWARD COUNTY
GOVERNMENTAL CENTER
115 S. ANDREWS AVE., ROOM414
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 CAMPBELL, KATHARINE L.
Address 1881 NE 26TH STREET, SUITE 70
City-State-Zip: WILTON MANOR FL 33305

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

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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

CHAIR

02/18/2021

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 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

Title DIRECTOR
Name GOTTLIEB, MICHAEL
Address 1311 SE 2ND AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

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 RONIK , 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 RYAN, MICHAEL
Address 12 SE 7TH STREET, SUITE 801
City-State-Zip: FORT LAUDERDALE FL 33301