

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009707

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

04/24/2015

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	RODRIGUEZ, 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

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date