

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010633

Entity Name: BROWARD TRANSFORMATION CENTER, INC**Current Principal Place of Business:**5440 NW 33RD AVE.
SUITE 102
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5440 NW 33RD AVE.
SUITE 102
FORT LAUDERDALE, FL 33309 US**FEI Number:** 46-4182886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, NATALIE R CFO
5440 NW 33RD AVE.
SUITE 102
FORT LAUDERDALE, FL 33309 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHR
Name	JACKSON, JASON
Address	5440 NW 33RD AVE. SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	CFO
Name	JACKSON, NATALIE
Address	5440 NW 33RD AVE. SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	EVP
Name	BUGG, VERA PHD
Address	5440 NW 33RD AVE. SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	BD
Name	FIVE FOLD MINISTRY ASSEMBLY, INC
Address	5440 NW 33RD AVE. SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33309

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: VERA. BUGG

EVP

06/07/2020

Electronic Signature of Signing Officer/Director Detail_____
Date