

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006394

Entity Name: THE FIVE FACES SCHOOLS OF BROWARD COUNTY, INC

Current Principal Place of Business:

700 NW 21ST AVE
POMPANO BEACH, FL 33069

Current Mailing Address:

PO BOX 667031
POMPANO BEACH, FL 33066-7051 US

FEI Number: 81-3072477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUR FINANCIAL SOLUTIONS, INC
731 HAMMONDVILLE ROAD
101A
POMPANO BEACH, FL 33060 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 C
Name MCLAMORE, GARY
Address 591 NE 38TH STREET
City-State-Zip: POMPANO BEACH FL 33064

Title VC
Name WILLIAMS, JACKIE S
Address 1582 NW 4TH AVE
City-State-Zip: POMPANO BEACH FL 33060

Title T
Name CHEELEY, IOLA
Address 2619 NW 10TH STREET
City-State-Zip: POMPANO BEACH FL 33069

Title T
Name HARRIS, PATRICIA
Address 2773 NW 4TH COURT
City-State-Zip: POMPANO BEACH FL 33069

Title S
Name WALKER, MERALENE
Address 1701 NW 7TH TERRACE
City-State-Zip: POMPANO BEACH FL 33060

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: GARY MCLAMORE

CHAIR

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date