

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2006  
Secretary of State**

DOCUMENT# 720180

Entity Name: BROWARD COUNTY MINORITY BUILDERS COALITION, INC.

**Current Principal Place of Business:**

665 SW 27TH AVE  
SUITE # 12  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

665 SW 27TH AVE  
SUITE # 12  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 23-7170674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LARKINS, ELIJAH  
1534 NW 4 AVENUE  
POMPANO BEACH, FL 33060      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BLOWE, ANTHONY  
Address: 1650 NORTH CYPRESS ROAD  
City-St-Zip: POMPANO BEACH, FL 33060

Title: P      ( ) Delete  
Name: BROWN, WINSTON  
Address: 6555 NW 9TH AVENUE # 205  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T      ( ) Delete  
Name: BROWN, HERMINE,  
Address: 6555 NW 9TH AVENUE # 205  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: ADAMS, ELIJAH  
Address: 1921 NW 1ST STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D      ( ) Delete  
Name: JONES, ANGELLA  
Address: 3784 NW 16TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S      ( ) Delete  
Name: GORDON, BRENDA  
Address: 6600 NW 27TH AVE, SUITE 115  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIJAH LARKINS

MD

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date