2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2005 08:00 AM DOCUMENT # 720214 1. Entity Name Secretary of State BROWARD CHILDRENS CENTER, INC. Principal Place of Business Mailing Address 200 S.E. 19TH AVE. POMPANO BCH FL 33060 200 S.E. 19TH AVE. POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-1378244 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JOYCE T CPA Street Address (P.O. Box Number is Not Acceptable) 289 E. OAKLAND PARK BLVD FORT LAUDERDALE FL 33334 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change U00000227791 STEWART, JOYCE T NAME 02/14/05-80013-007 70.00 289 E. OAKLAND PARK BLVD. STREET ADDRESS STREET AGOREGS FORT LAUDERDALE FL 33334 CITY ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE MC GOUGH, WILLIAM NAME NAME 13 ROYAL PALM WAY, # 603 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY ST-ZIP CITY-ST-ZIP Delete TITLE Change 🔲 Ādata HHÉ CECIL, MAUREEN F. NAME NAME 6230 NW 26TH CT SURFFLADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CHY-SI-ZIP Additio HHE Change ☐ Defete THEE STEWART, ADAM NAME NAME 482 SPRINGS END LANE STREET ADDRESS STREET ADDRESS MARIETTA GA 30068 CITY - ST - ZIP CITY-ST-7IP THE ☐ Delete THLE Change Additio VAN VORST, JOHN NAME NAME 6550 N. FEDERAL HWY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CHY-SI-7/2 CITY-ST-7IP Delete UT) F Change Additi BILL APPEL, ELAINE NAME NAME 1882 N.W. 97TH AVENUE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

SIGNATURI