2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90771 043 ****70.00

DOCUMENT # 720214

1. Entity Name
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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1378244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWARD, JOYCE T CPA 289 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334	Name: JOYCE T. STEWART, CPA Street Address (P.O. Box Number is Not Acceptable) 289 East Oakland Park Blvd. City: Ft. Lauderdale **FL** Zip Code: 33334

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: Joyce T. Stewart, CPA — DATE: 4/10/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS STEWART, JOYCE T 289 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Stewart, Joyce T. 289 E. Oakland Park Blvd. Ft. Lauderdale, FL 33334	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC GOUGH, WILLIAM 13 ROYAL PALM WAY, # 603 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CECIL, MAUREEN F. 6230 NW 26TH CT SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cecil, Maureen F 6230 N.W. 26th Ct. Sunrise, FL 33313	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, ADAM 2015-C LAKE PARK DRIVE SMYRNA GA 30080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stewart, Adam 482 Springs End Lane Marietta, GA 30068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN VORST, JOHN 2159 S.E. 9TH STREET POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Van Vorst, John 6550 N. Federal Highway Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APPEL, ELAINE 1882 N.W. 97TH AVENUE PLANTATION FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Elaine Appel 1882 N.W. 97th Avenue Plantation, FL 33322	☐ Change ☐ Addition

CR2E037 (10/02)

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce T. Stewart, CPA — DATE: 4/10/03 — 954-943-7336