2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 728258

Entity Name: VOLUNTEER ACTION CENTER OF BROWARD COUNTY, INC.

Current Principal Place of Business:

4800 N. STATE RD 7
BLDG. F - STE. 102
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4800 N. STATE RD 7
BLDG. F - STE. 102
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 59-1506570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCH, DALE
4800 STATE RD 7
BLDG. F - STE. 102
LAUDERDALE LAKES, FL 33319 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:	P	( ) Delete
Name:	HENRY, JUDY	
Address:	5890 S. PINE ISLAND ROAD	
City-St-Zip:	DAVIE, FL 33328	
Title:	IPP	( ) Delete
Name:	WEST, PATRICIA	
Address:	115 S. ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	VP	( ) Delete
Name:	STASKOWSKI, BONNIE	
Address:	305 WINDMILL PALM AVE.	
City-St-Zip:	PLANTATION, FL 33324	
Title:	T	( ) Delete
Name:	ANTHONY, MATTHEW	
Address:	545 N. ANDREWS AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	S	( ) Delete
Name:	COBB, JULIE	
Address:	1900 S.W 43RD TERRACE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	BM	( ) Delete
Name:	RATTO, IVONNE	
Address:	2100 W. CYPRESS CREEK ROAD	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

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 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: DALE HIRSCH ED 01/07/2009
Electronic Signature of Signing Officer or Director — Date