

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 050 ****61.25

DOCUMENT # 763266

1. Entity Name

BROWARD COALITION FOR RESIDENTIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1405 NW 10th Street

Suite, Apt. #, etc.

Woodhouse

City & State

Dania, FL 33004

Zip

Country

3. Mailing Address

1405 NW 10th Street

Suite, Apt. #, etc.

Woodhouse

City & State

Dania, FL 33004

Zip

Country

4. FEI Number

59-2222301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jacquelyn Pointing

Street Address (P.O. Box Number is Not Acceptable)

3500 Riverside Drive

City

Coral Springs, FL 33065 FL

Zip Code
33065

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.

SIGNATURE

Signature, typed or printed name of registered agent and UBR if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RIHL, JANET
STREET ADDRESS	1921 SW 44th Terrace
CITY-ST-ZIP	Fort Lauderdale, FL 33317
TITLE	SD
NAME	DIXON, GLORIA
STREET ADDRESS	1405 NW 10th Street
CITY-ST-ZIP	Dania, FL 33004
TITLE	VD
NAME	POINTING, JACQUELYN
STREET ADDRESS	3500 Riverside Drive
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	PD
NAME	ROBERTS, MERCEDES
STREET ADDRESS	732 NW 3rd Court
CITY-ST-ZIP	Hallandale, FL
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet N. Rihl Janet N. Rihl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

954-584-8997

Daytime Phone #

CR2E037B (12/01)