

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

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 763266

1. Entity Name
**BROWARD COALITION FOR RESIDENTIAL SERVICES,
INC.**



Principal Place of Business

**1405 NW 10TH ST
WOODHOUSE
DANIA, FL 33004**

Mailing Address

**1405 NW 10TH ST
WOODHOUSE
DANIA, FL 33004**

DO NOT WRITE IN THIS SPACE



04282006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2222301

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POINTING, JACQUELYN
3500 RIVERSIDE DR.
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000561250
05/19/06-80030-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RIHL, JANET
STREET ADDRESS	1921 S.W. 44TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	DIXON, GLORIA
STREET ADDRESS	1405 N.W. 10TH STREET
CITY-ST-ZIP	DANIA, FL 33004
TITLE	VD
NAME	POINTING, JACQUELYN
STREET ADDRESS	3500 RIVERSIDE DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317
TITLE	PD
NAME	ROBERTS, MERCEDES
STREET ADDRESS	732 NW 3RD COURT
CITY-ST-ZIP	HALLANDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Janet M. Rihl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 **954-584-8997**
Date Daytime Phone #