


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90054 042 \*\*\*\*61.25

<b>DOCUMENT # 763266</b> 1. Entity Name <b>BROWARD COALITION FOR RESIDENTIAL SERVICES, INC.</b>						
Principal Place of Business 1405 NW 10TH ST WOODHOUSE DANIA, FL 33004			Mailing Address 1405 NW 10TH ST WOODHOUSE DANIA, FL 33004			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
Country		Country		Country		
6. Name and Address of Current Registered Agent  <b>POINTING, JACQUELYN</b> <b>3500 RIVERSIDE DR.</b> <b>CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name <b>JANET N. RIHL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1921 SW 44TH TERRACE</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33317</b>		
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 <u><i>Janet N. Rihl</i></u> <b>JANET N. RIHL TD</b> <span style="float: right;">7/10/07</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		
<b>Make check payable to</b> <b>Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIHL, JANET 1921 S.W. 44TH TERRACE FT. LAUDERDALE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIXON, GLORIA 1405 N.W. 10TH STREET DANIA, FL 33004		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POINTING, JACQUELYN 3500 RIVERSIDE DR. FORT LAUDERDALE, FL 33317		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, MERCEDES 732 NW 3RD COURT HALLANDALE, FL		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIPER, VICTOR 7781 BILTMORE BLVD. MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE:</b> <u><i>Janet N. Rihl</i></u> <b>JANET N. RIHL</b> <span style="float: right;">7/10/07</span> <span style="float: right;">954-584-8997</span> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>						