

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01583

FILED
Jan 26, 2010
Secretary of State

Entity Name: NAMI BROWARD COUNTY, INC.

Current Principal Place of Business:

961 ROCK ISLAND RD.
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

961 ROCK ISLAND ROAD
NORTH LAUDERDALE, FL 33068 US

New Mailing Address:

961 ROCK ISLAND RD.
NORTH LAUDERDALE, FL 33068 US

FEI Number: 93-1223495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, EVELYN CEO
6193 ROCK ISLAND ROAD
#313
TAMARAC, 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: TD
Name: KARPFF, BEVERLY CPA
Address: 6786 WILLOWWOOD DRIVE #1001
City-St-Zip: BOCA RATON, FL 33434 US

Title: SD
Name: SCLAR, CAROL
Address: 8370 NW 24TH. STREET
City-St-Zip: SUNRISE, FL 33322 US

Title: VD
Name: SOKOLOFF, RHODA ESQ.
Address: 111 WEST DAVIE ROAD
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: PD
Name: LAVAR, BRENDA PH. D.
Address: 6734 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D
Name: FERRARO, JOSEPH
Address: 6193 ROCK ISLAND ROAD, #313
City-St-Zip: TAMARAC, FL 33319 US

Title: VD
Name: NEAGUS, JOANNE
Address: 2264 NOVA VILLAGE DR.
City-St-Zip: DAVIE, FL 33317 US

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY R KARPFF

TREA

01/26/2010

Electronic Signature of Signing Officer or Director

Date