2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

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Entity Name: BROWARD ALLIANCE FOR NEIGHBORHOOD DEVELOPMENT, INC.

Current Principal Place of Business:

200 E LAS OLAS BLVD, STE 1900
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 E LAS OLAS BLVD, STE 1900
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 30-0102081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ.
BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATU
200 E LAS OLAS BLVD, STE 1900
FT LAUDERDALE, FL 33301

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: DP ( ) Delete
Name: BARRY, KATHARINE
Address: 3741 N FED HWY STE 403
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP ( ) Delete
Name: GALLOWAY, ANGELA
Address: 1061 N OAKLAND PK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: DS ( ) Delete
Name: WEISS, SUZANNE
Address: PO BOX 1238
City-St-Zip: FT LAUDERDALE, FL 33302

Title: DT ( ) Delete
Name: JACKSON, MYRA
Address: 8140 NW 50TH ST
City-St-Zip: POMPANO BEACH, FL 33067

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHARINE BARRY DP 04/07/2004
Electronic Signature of Signing Officer or Director — Date