

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90244 007 ****61.25

DOCUMENT # N02000005077

1. Entity Name
**BROWARD ALLIANCE FOR NEIGHBORHOOD
DEVELOPMENT, INC.**



Principal Place of Business
**200 E LAS OLAS BLVD, STE 1900
FT LAUDERDALE, FL 33301**

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



2. Principal Place of Business
3471 N. Federal Hwy.

3. Mailing Address
3471 N. Federal Hwy.

Suite, Apt. #, etc.
Suite 611

Suite, Apt. #, etc.
Suite 611

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33306 Broward

Zip Country
33306 Broward

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
30-0102081

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. 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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BARRY, KATHARINE
3741 N FED HWY STE 403
FORT LAUDERDALE, FL 33306** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GALLOWAY, ANGELA
1061 N OAKLAND PK BLVD
FORT LAUDERDALE, FL 33306** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WEISS, SUZANNE
PO BOX 1238
FT LAUDERDALE, FL 33302** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JACKSON, MYRON
8140 NW 50TH ST
POMPANO BEACH, FL 33067** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Jacqueline Tufts
547 NW 9th Ave, Ste. 202
Ft. Lauderdale, FL 33311** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Lee Ann Robinson
8606 W. SR 84
Davie, FL 33324** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Linda Taylor
3521 W. Broward Blvd, Ste. 201
Ft. Lauderdale, FL 33311** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

Kanis B. President 1/26/06 954-563-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #