

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

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 034 \*\*\*\*70.00

**DOCUMENT # N03000003840**

1. Entity Name  
**BROWARD CHILDREN'S CENTER SUPPORTING  
FOUNDATION, INC.**



Principal Place of Business  
**1801 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**

Mailing Address  
**1801 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**

**60020031**



01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2114517**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**APPEL, ELAINE MS.  
1882 NW 97TH AVE.  
PLANTATION, FL 33322**

**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

*Elaine Appel*

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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	APPEL, ELAINE
STREET ADDRESS	1882 NW 97TH AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	NELSON, SUSAN
STREET ADDRESS	4411 NE 25TH AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	FISHER, LAMAR
STREET ADDRESS	2745 E. ATLANTIC BLVD. STE 200
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	BROWN, MELINDA
STREET ADDRESS	9401 NW 10TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	FROSCH, CHRISTOPHER
STREET ADDRESS	3216 NE 13TH STREET #10
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Melinda Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/06 954-647-8145**

Date

Daytime Phone #