

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N03000003840

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



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

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



01102008 No Chg-NP CR2E037 (4/06)

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPEL, ELAINE MS. 1882 NW 97TH AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, SUSAN MS. 4411 NE 25TH AVE. LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LAMAR MR. 619 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MELINDA MS. 9401 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROSCH, CHRISTOPHER MR. 3216 NE 13TH STREET #10 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, OLGA MS. 600 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301

U000000855151
03/27/08-60038-009 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elaine Appel 3/4/08 224-474-6888