2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N03000003840

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

Current Principal Place of Business:

1801 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1801 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060

New Mailing Address:

200 SE 19TH AVE
POMPANO BEACH, FL 33060

FEI Number: 54-2114517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: ELAINE APPEL 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: APPEL, ELAINE MS.
Address: 1882 NW 97TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: NELSON, SUSAN MS.
Address: 4411 NE 25TH AVE.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete
Name: FISHER, LAMAR MR.
Address: 619 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: BROWN, MELINDA MS.
Address: 9401 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: FROSCH, CHRISTOPHER MR.
Address: 3216 NE 13TH STREET #10
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: LEVINE, OLGA MS.
Address: 600 S. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

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:

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 exemption stated 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 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: ELAINE APPEL MS. 01/28/2009
Electronic Signature of Signing Officer or Director Date