

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002653

1. Entity Name
HANDS ON BROWARD, INCORPORATED



Principal Place of Business
**512 NE 3RD AVENUE
FORT LAUDERDALE, FL 33301**

Mailing Address
**512 NE 3RD AVENUE
FORT LAUDERDALE, FL 33301**



04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0970910

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ERWIN, LEANNE
1701 NW 43 STREET
OAKLAND, FL 33309**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000518811
05/02/06-80029-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERWIN, LEANNE T. 1701 NW 43 STREET OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, WANDA M. 9963 NW 18 STREET PEMBROKE PINE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, SONIA 233 NW 8 AVE, SUITE 207 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, RONALD B. 11326 NW 65 MANOR PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEEMAN, DARCY 4721 NE 13 AVE. OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, ALFREDO 3712 TATUM TRACE JACKSONVILLE, FL 32259

**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 517, 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

LEANNE ERWIN, PRES. 4-17-06 (954)801-2147

Date

Daytime Phone #