

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002653

FILED
Apr 24, 2007
Secretary of State

Entity Name: HANDS ON BROWARD, INCORPORATED

Current Principal Place of Business:

512 NE 3RD AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

512 NE 3RD AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-0970910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ERWIN, LEANNE
414 NW SHEFFIELD CIRCLE
PORT ST. LUCIE, FL 34983 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:

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERWIN, LEANNE T.
Address: 1701 NW 43 STREET
City-St-Zip: OAKLAND PARK, FL 33309

Title: V () Delete
Name: CRAWFORD, WANDA M.
Address: 9963 NW 18 STREET
City-St-Zip: PEMBROKE PINE, FL 33024

Title: S () Delete
Name: MITCHELL, SONIA
Address: 233 NW 8 AVE, SUITE 207
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: BROWN, RONALD B.
Address: 11326 NW 65 MANOR
City-St-Zip: PARKLAND, FL 33076

Title: C () Delete
Name: BEEMAN, DARCY
Address: 4721 NE 13 AVE.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: ROBERTS, ALFREDO
Address: 3712 TATUM TRACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ERWIN, LEANNE T.
Address: 414 NW SHEFFIELD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V (X) Change () Addition
Name: CRAWFORD, WANDA M.
Address: 9963 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: MITCHELL, SONIA
Address: 10416 SO. 228 LANE
City-St-Zip: BOCA RATON, FL 33428

Title: T (X) Change () Addition
Name: BROWN, RONALD B.
Address: 460 NW DOVER COURT
City-St-Zip: PORT ST. LUCIE, FL 34983

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 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: LEANNE ERWIN

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date