

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004474

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FRIENDS OF BROWARD OUTREACH HOMELESS RECOVERY CENTER, INC.

**Current Principal Place of Business:**

9000 SHERIDAN ST  
#102  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SHERIDAN ST  
#102  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 20-8033318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOUT, DAVID L ESQ  
9000 SHERIDAN ST  
SUITE 102  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: BENSON, D'RENE  
Address: 4392 SW 130TH AVE  
City-St-Zip: DAVIE, FL 33330

Title: VPD ( ) Delete  
Name: TOBIN, BETH  
Address: 3389 SHERIDAN ST #227  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD ( ) Delete  
Name: PRADO, MARTA  
Address: 1926 HARRISON ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: S VP ( ) Delete  
Name: HAZELROTH, SUSANE  
Address: 4491 SOUTH STATE ROAD 7 SUITE # 210  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: D ( ) Delete  
Name: SOLODKIN, ERICA  
Address: 4000 HOLLYWOOD BLVD STE 495  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: KOUT, DAVID  
Address: 9000 SHERIDAN ST STE 102  
City-St-Zip: PEMBROKE PINES, FL 33024

**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: DAVID KOUT

D

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date