2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004474

Apr 27, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9000 SHERIDAN ST

#102

PEMBROKE PINES, FL 33024

New Mailing Address: Current Mailing Address:

9000 SHERIDAN ST

#102

PEMBROKE PINES, FL 33024

FEI Number: 20-8033318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOUT, DAVID LESQ 9000 SHERIDAN ST

SUITE 102

PEMBROKE PINES, FL 33024 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

PD

BENSON, D'RENE Name: Address: 4392 SW 130TH AVE City-St-Zip: **DAVIE, FL 33330**

Title: **VPD**

Name: TOBIN, BETH

Address: 3389 SHERIDAN ST #227 City-St-Zip: HOLLYWOOD, FL 33021

Title: TD

PRADO, MARTA Name: Address: 1926 HARRISON ST City-St-Zip: HOLLYWOOD, FL 33020

Title: SIVE

Name: HAZELROTH, SUSANE

4491 SOUTH STATE ROAD 7 SUITE # 210 Address:

City-St-Zip: FORT LAUDERDALE, FL 33314

Title:

SOLODKIN, ERICA Name:

4000 HOLLYWOOD BLVD STE 495 Address:

HOLLYWOOD, FL 33024 City-St-Zip:

Title:

KOUT. DAVID Name:

Address: 9000 SHERIDAN ST STE 102 PEMBROKE PINES, FL 33024 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DAVID KOUT D 04/27/2010