

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007129

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** BROWARD TEEN ASSISTANCE PROGRAM, INC.

**Current Principal Place of Business:**

411 NE 33RD ST.  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24362  
OAKLAND PARK, FL 33307

**New Mailing Address:**

FEI Number: 41-2206229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KING, COBY A  
411 NE 33RD ST.  
OAKLAND PARK, FL 33334 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: CD  
Name: KING, COBY  
Address: 411 NE 33RD ST.  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D  
Name: EDWARDS, SAUNDRA  
Address: 411 NE 33RD ST.  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D  
Name: FRANCIS, STACY-ANN  
Address: 2720 DEERWOOD LANE  
City-St-Zip: ATLANTA, GA 30331

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: COBY A. KING

DIR

04/20/2012

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

\_\_\_\_\_  
Date