2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001594

FILED Apr 11, 2011 Secretary of State

Entity Name: BROWARD COUNTY SCHOOL SOCIAL WORKER'S ASSOCIATION, INC.

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

1326 S.E. 17TH STREET

SUITE 297

3040 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 333065

SUITE 297 CORAL SPRINGS, FL 333 FORT LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

1326 S.E. 17TH STREET 3040 CORAL SPRINGS DRIVE SUITE 297 CORAL SPRINGS, FL 333065

SUITE 297 CORAL SPRINGS, FL 333065 FORT LAUDERDALE, FL 33316

FEI Number: 65-0583991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RAMIREZ, NOEMI
1326 S.E. 17TH STREET
3040 CORAL SPRINGS DRIVE
SUITE 297
FORT LAUDERDALE, FL 33316 US

PARDO-POSSE, LILIANA
3040 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 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: LILIANA PARDO-POSSE 04/11/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRE

Name: PARDO-POSSE, LILIANA
Address: 3040 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPRE

Name: HAMILTON, MARY
Address: 22656 CARAVELLE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: VPRE

Name: RAMIREZ, NOEMI

Address: 5320 QUEEN LAKE TERRACE

City-St-Zip: DAVIE, FL 33331

Title: TRE

Name: CRONIN, ELAINE

Address: 711 NORTH 73RD. AVENUE City-St-Zip: HOLLYWOOD, FL 33024

Title: SEC

Name: KINNEY, MARISA

Address: 1643 NORTH HARRISON PARKWAY, BLDG. H

City-St-Zip: SUNRISE, FL 33323

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: LILIANA PARDO-POSSE PRE 04/11/2011