

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003665

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** BROWARD STROKE COUNCIL INC.

**Current Principal Place of Business:**

201 E. SAMPLE ROAD  
DEERFIELD BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

201 E. SAMPLE ROAD  
DEERFIELD BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 75-3239887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, JONATHAN MD  
3761 NW 99TH AVE  
CORAL SPRINGS, FL 33065 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:** PD  
**Name:** HARRIS, JONATHAN MD  
**Address:** 201 E. SAMPLE ROAD  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

**Title:** T  
**Name:** CASSEL, PAULA  
**Address:** 201 E. SAMPLE ROAD  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

**Title:** S  
**Name:** UHRIG, NORA  
**Address:** 201 E. SAMPLE ROAD  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

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:** NORA UHRIG

S

03/13/2012

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

\_\_\_\_\_  
Date