

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

DOCUMENT# N10000006332

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Entity Name:** BROWARD ALLIANCE OF CARIBBEAN EDUCATORS, INC.

**Current Principal Place of Business:**

3846 NW 62ND CT  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

3846 NW 62ND CT  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 27-3150273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, SHERNETTE  
3846 NW 62ND CT  
COCONUT CREEK, FL 33073 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:** C  
**Name:** DAVIS, SHERNETTE  
**Address:** 3846 NW 62ND CT  
**City-St-Zip:** COCONUT CREEK, FL 33073

**Title:** VC  
**Name:** SPENCE, CAMILLE  
**Address:** 16830 PATIO VILLAGE CT  
**City-St-Zip:** WESTON, FL 33326

**Title:** T  
**Name:** LEROY, JOAN  
**Address:** 8757 CLEARY BLVD  
**City-St-Zip:** PLANTATION, FL 33324

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:** JOAN LEROY

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02/05/2012

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

\_\_\_\_\_  
Date