

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008586

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** BROWN'S ADULT ADVANCEMENT CENTER CORPORATION

**Current Principal Place of Business:**

1640 NE 125TH STREET  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

1640 NE 125TH STREET  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BROWN, YOLETTE O  
1640 NE 125 TH STREET  
NORTH MIAMI, FL 33181 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: P  
Name: BROWN, YOLETTE O  
Address: 1640 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: VP  
Name: ALTIDOR, FRISNEL  
Address: 1640 NE 125TH STREET  
City-St-Zip: NM, FL 33181 US

Title: S  
Name: ALI, SAUDIA  
Address: 1640 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33181 US

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: YOLETTE O. BROWN

P

02/16/2011

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

\_\_\_\_\_  
Date