2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28093

City-St-Zip:

FILED Jan 26, 2009 Secretary of State

Entity Name: BROWARD HOUSE, INC.

Current Principal Place of Business: New Principal Place of Business: 1726 SE 3RD AVENUE FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1726 SE 3RD AVENUE FORT LAUDERDALE, FL 33316 FEI Number: 59-2913416 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: POORE, JENNIE E ESQ. POORE, JENNIE E ESQ 311 SE 10TH COURT 311 SE 10TH COURT FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 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: JENNIE E POORE, ESQ. 01/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TELLI, SUSAN Name: Name: 309 SE 18TH ST Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TRANTALIS, DEAN Name: Address: 2255 WILTON DRIVE Address: City-St-Zip: WILTON MANORS, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition ALFIERI, SHARON Name: Name: 1600 S ANDREWS AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: () Delete Title: DST Title: () Change () Addition NASK, FRANK Name: Name: Address: **303 SE 17 STREET** Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: DΡ () Delete Title: DP (X) Change () Addition NOBELS, ROBERT E NOBELS, ROBERT E Name: Name: 1100 E LAS OLAS BLVD Address: Address: 1234 1ST AVENUE City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: COLUMBUS, GA 31901 Title: () Delete Title: () Change () Addition BENSON, ROLAND Name: Name: Address: **303 SE 17 STREET** Address: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SUSAN TELLI V 01/26/2009