2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N30582

Entity Name: PARENT TO PARENT OF BROWARD COUNTY INC.

Current Principal Place of Business:

100 S ANDREWS AVE
FDLRS MEDIA CENTER
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

100 S ANDREWS AVE
FDLRS MEDIA CENTER
FT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0234035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLACK, WENDY
11400 NW 5ST
PLANTATION, FL 33325 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:	D	( ) Delete
Name:	BELLACK, WENDY,	
Address:	11400 NW 5TH STREET	
City-St-Zip:	PLANATATION, FL 33325	
Title:	D	( ) Delete
Name:	GLUSKY, KIM	
Address:	C/O FND OF BROWARD 100 S ANDREWS AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	BRODNICKI, ELAINE	
Address:	C/O FND OF BROWARD 100 S ANDREWS AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	MESLER, JIM	
Address:	C\O FND OF BROWARD	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: WENDY B. BELLACK DIR 01/22/2009

Electronic Signature of Signing Officer or Director — Date