

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44754

FILED
Nov 02, 2006
Secretary of State

Entity Name: BROWARD COALITION ON AGING, INC.

Current Principal Place of Business:

4481 N. STATE ROAD 7
FT. LAUDERDALE, FL 33319 US

New Principal Place of Business:

4020 NE 10TH WAY
POMPANO BEACH, FL 33064 US

Current Mailing Address:

4481 N. STATE ROAD 7
FT. LAUDERDALE, FL 33319 US

New Mailing Address:

4020 NE 10TH WAY
POMPANO BEACH, FL 33064 US

FEI Number: 65-0306043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARGOTTA, JOHN
10602 N.W. 6TH CT.
PLANTATION, FL 33324 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: JOHN GARGOTTA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WODNICKI, SUSAN
Address: 4020 NE 10TH WAY
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: PD () Delete
Name: ALBANO, CARLA
Address: 325 WINDMILL PALM AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: WILSON, CHERYL
Address: 410 NW 88TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PAST () Delete
Name: KAPLAN, GAIL
Address: 2709 NE 35 DR
City-St-Zip: FT LAUDERDALE, FL 33306

Title: SD () Delete
Name: SMITH, ANITA
Address: 3166 NW 68 STREET
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: SMITH, ANITA
Address: 3601 W. COMMERCIAL BLVD. #14
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP (X) Change () Addition
Name: HOO, JUSTINE
Address: 16560 SW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP (X) Change () Addition
Name: THEBERGE, JANE
Address: 9701 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change () Addition
Name: ORLANDO, STEPHANIE
Address: 4300 N. UNIVERSITY #D-202
City-St-Zip: FT LAUDERDALE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN WODNICKI

TD

11/02/2006

Electronic Signature of Signing Officer or Director

Date