2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N44754

Entity Name: BROWARD COALITION ON AGING, INC.

Current Principal Place of Business:

4020 NE 10TH WAY
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

4020 NE 10TH WAY
POMPANO BEACH, FL 33064 US

New Mailing Address:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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:

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

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 04/19/2007

Electronic Signature of Signing Officer or Director Date