2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N44754

Entity Name: BROWARD COALITION ON AGING, INC.

Current Principal Place of Business:

9900 STIRLING ROAD
SUITE 224
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9900 STIRLING ROAD
SUITE 224
COOPER CITY, FL 33024 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: ARNOTT, DAVID
Address: 9900 STIRLING ROAD, SUITE 224
City-St-Zip: COOPER CITY, FL 33024

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

Title: VP ( ) Delete
Name: LEVI, RAY
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: PEPPER, MICHELLE
Address: 4701 SW 33RD AVENUE
City-St-Zip: FT LAUDERDALE, FL 33209

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: SD ( ) Change (X) Addition
Name: WODNICKI, SUSAN E
Address: 4020 NE 10TH WAY
City-St-Zip: POMPANO BEACH, FL 33064

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: SUSAN WODNICKI SD 04/30/2008

Electronic Signature of Signing Officer or Director — Date