2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44754

Entity Name: BROWARD COALITION ON AGING, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
9900 STIRLING RD., STE 244 COOPER CITY, FL 33024 US	1221 NE 41 DRIVE POMPANO BEACH, FL 33064 US

Current Mailing Address:	**New Mailing Address:**
PO BOX 11339 FORT LAUDERDALE, FL 33339 US	

FEI Number: 65-0306043   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GARGOTTA, JOHN 10602 N.W. 6TH CT. PLANTATION, FL 33324 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: _____

          Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: TD
Name: LIBERTY, KIM
Address: PO BOX 11339
City-St-Zip: FORT LAUDERDALE, FL 33339 US

Title: PD
Name: LEVI, RAY
Address: 1221 NE 41 DRIVE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP
Name: ARNOTT, DAVE
Address: 9900 STIRLING ROAD, STE 244
City-St-Zip: COOPER CITY, FL 33024 US

Title: VP
Name: BINDMAN, LORRAINE
Address: 2975 NW 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: SD
Name: LANGHOLTZ, LAURIE
Address: 6855 NW 70 AVE
City-St-Zip: TAMARAC, FL 33321 US

Title: SD
Name: WHEAT, CAROL
Address: 2995 NORTH DIXIE HWY
City-St-Zip: FORT LAUDERDALE, FL 33334 US

I hereby 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 all other like empowered.

SIGNATURE: KIM LIBERTY   TD   01/27/2010

          Electronic Signature of Signing Officer or Director   Date