2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED

Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90092 009 ****61.25 DOCUMENT # N48109 1. Entity Name BROWARD GOLD COAST DOWN SYNDROME ORGANIZATION, INC. 60011210 Principal Place of Business Mailing Address 10250 NW 53 ST 10250 NW 53 ST SUNRISE, FL 33351 SUNRISE, FL 33351 HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01232007 Cha-NP CR2E037 (12/06) 4. FEI Number 65-0325691 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAGA, DIANE D 10250 NW 53 ST Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33351 Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ED TITLE ☐ Delete TITLE ☐ Addition BRAGA, DIANE DE NAME NAME 1688 N W 111 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL CITY ST ZIP TITLE ☐ Delete IIIEE tre-sident Change Addition WHITSON, LUCY Whitson, Lucy 530 N. Rzinbow Dr. لسرح NAME NAME STREET ADDRESS 530 N RAINBOW DR STREET ADDRESS CUY-SI-ZIP HOLLYWOOD, FL 33021 CITY ST ZIP Hollywood, FC 330 ZI TITLE ☐ Delete THEF Change Addition GOMEZ, MARILOU NAME NAME STREET ADDRESS 5885 NW 56 DR STREET ADDRESS CORAL SPRINGS, FL 33067 CHY ST ZIP CITY-ST-ZIP Trezaurer TITLE 2 Oelete TITLE ☐ Change Addition Nancy C Smith NAME TUDGE, VERNA NAME 5979 NW 151 St. # 221 7661 NW 47 AVE STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33073 33014 CITY-ST-ZIP CITY ST ZIP Midmi Lakes R Delete ☐ Change Addition TITLE Christina Schulz 9509 NW 81 Et. NAME MARKE STREET ADDRESS STREET ADDRESS Tamaroc, FL 333기 CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accordant and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an

SIGNATURE:

Daytime Phone #