

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 034 ****61.25

DOCUMENT # N48109

1. Entity Name
**BROWARD GOLD COAST DOWN SYNDROME
ORGANIZATION, INC.**



Principal Place of Business
**10250 NW 53 ST
SUNRISE, FL 33351 US**

Mailing Address
**10250 NW 53 ST
SUNRISE, FL 33351 US**



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0325691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRAGA, DIANE D
10250 NW 53 ST
SUNRISE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

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. I am 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
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	BRAGA, DIANE DE
STREET ADDRESS	1688 N W 111 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	P
NAME	WHITSON, LUCY
STREET ADDRESS	530 N RAINBOW DR
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	GOMEZ, MARILOU
STREET ADDRESS	5685 NW 56 DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	T
NAME	SMITH, NANCY C
STREET ADDRESS	5979 NW 151 ST #221
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VP
NAME	SCHULZ, CHRISTIANA
STREET ADDRESS	9509 NW 81ST
CITY-ST-ZIP	TAMAROC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 accurate 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08

954-577-4122