

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48109

FILED
Jan 22, 2009
Secretary of State

Entity Name: BROWARD GOLD COAST DOWN SYNDROME ORGANIZATION, INC.

Current Principal Place of Business:

10250 NW 53 ST
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

10250 NW 53 ST
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0325691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DE BRAGA, DIANE
10250 NW 53 ST
SUNRISE, FL 33351 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: DIANE DE BRAGA

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: BRAGA, DIANE DE
Address: 1688 N W 111 WAY
City-St-Zip: CORAL SPRINGS, FL

Title: P () Delete
Name: WHITSON, LUCY
Address: 530 N RAINBOW DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: GOMEZ, MARILOU
Address: 5885 NW 56 DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T () Delete
Name: SMITH, NANCY C
Address: 5979 NW 151 ST #221
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: SCHULZ, CHRISTIANA
Address: 9509 NW 81ST
City-St-Zip: TAMAROC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: DE BRAGA, DIANE
Address: 1688 N W 111 WAY
City-St-Zip: CORAL SPRINGS, FL

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

Title: VP (X) Change () Addition
Name: TUDGE, VERNA Y
Address: 5183 NW 74TH COURT
City-St-Zip: COCONUT CREEK, FL 33073

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

Title: S (X) Change () Addition
Name: SCHULZ, CHRISTINA
Address: 9509 NW 81ST
City-St-Zip: TAMARAC, FL 33321

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: DIANE DE BRAGA

ED

01/22/2009

Electronic Signature of Signing Officer or Director

Date