2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2010
Secretary of State

DOCUMENT# N48109

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:

DE BRAGA, DIANE
10250 NW 53 ST
SUNRISE, FL 33351 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: ED
Name: DE BRAGA, DIANE
Address: 1688 N W 111 WAY
City-St-Zip: CORAL SPRINGS, FL

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

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

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

Title: S
Name: SCHULZ, CHRISTINA
Address: 9509 NW 81ST
City-St-Zip: TAMARAC, FL 33321

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: NANCY C. SMITH TREA 06/21/2010

Electronic Signature of Signing Officer or Director Date