

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000506

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** BROWARD COUNTY FOSTER AND ADOPTIVE PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

313 N. STATE RD. 7  
C/O JENNIFER SMITH  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

313 N. STATE RD. 7  
C/O CANDELARIA MOTA  
PLANTATION, FL 33317 US

**Current Mailing Address:**

313 N. STATE RD. 7  
C/O JENNIFER SMITH  
PLANTATION, FL 33317 US

**New Mailing Address:**

313 N. STATE RD. 7  
C/O CANDELARIA MOTA  
PLANTATION, FL 33317 US

**FEI Number:** 65-0557428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARRAN, VICTOR  
8141 NW 47 COURT  
LAUDERHILL, 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: P  
Name: SEVERANCE-FONTE, TINA  
Address: 3626 NW 111 AVE  
City-St-Zip: SUNRISE, FL 33351 US

Title: 1VP  
Name: YOUNGBLOOD, SHARON  
Address: 9340 NW 43 MANOR  
City-St-Zip: SUNRISE, FL 33351 US

Title: 2VP  
Name: PAZER, PETER  
Address: 1522 WASHINGTON ST  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: RS  
Name: BROOKS, MARK  
Address: 5881 E GRAND DUKE CIR  
City-St-Zip: TAMARAC, FL 33321 US

Title: T  
Name: FARRAN, VICTOR  
Address: 8141 NW 47 COURT  
City-St-Zip: LAUDERHILL, FL 33351 US

Title: D  
Name: CANDELARIA, MOTA  
Address: 313 N. STATE RD. 7  
City-St-Zip: PLANTATION, FL 33317 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: VICTOR FARRAN

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02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date