


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90036 036 \*\*\*\*70.00

<b>DOCUMENT # N97000003780</b>	
1. Entity Name <b>BROWARD PARTNERSHIP FOR THE HOMELESS, INC.</b>	

Principal Place of Business <b>920 N.W. 7 AVENUE FT LAUDERDALE, FL 33311-7229 US</b>	Mailing Address <b>920 N.W. 7 AVENUE FT LAUDERDALE, FL 33311-7229 US</b>
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60055000



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number <b>65-0777033</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**ESPOSITO, FRANCES M**  
**920 N.W. 7 AVENUE**  
**FT LAUDERDALE, FL 33311-7229**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEONARD, KEVIN T <input type="checkbox"/> Delete 2844 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCCALL, JOHN W <input checked="" type="checkbox"/> Delete 920 N.W. 7 AVENUE FORT LAUDERDALE, FL 333117229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FREEDMAN, DAVID R <input checked="" type="checkbox"/> Delete 920 NW 7 AVENUE FORT LAUDERDALE, FL 333117229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LUIISO, ANGELO J <input checked="" type="checkbox"/> Delete 2626 EAST OAKLAND PARK BOULEVARD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUROVEK, HELEN C <input checked="" type="checkbox"/> Delete 2495 EAST COMMERCIAL BOULEVARD FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIISO, ANGELO J <input type="checkbox"/> Delete 2626 EAST OAKLAND PARK BOULEVARD FT. LAUDERDALE, FL 33306

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HALL, EARL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14 ROSE DRIVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDERMOTT, DINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1844 N NOB HILL ROAD, SUITE 151 PLANTATION, FL 333226453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Kevin T. Leonard** **03/05/07** **954-779-3990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #