

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003780

FILED
Feb 20, 2008
Secretary of State

Entity Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

Current Principal Place of Business:

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 333117229 US

New Principal Place of Business:

Current Mailing Address:

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 333117229 US

New Mailing Address:

FEI Number: 65-0777033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPOSITO, FRANCES M
920 N.W. 7 AVENUE
FT LAUDERDALE, FL 333117229 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: CD () Delete
Name: LEONARD, KEVIN T
Address: 2844 EAST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: VCD () Delete
Name: HALL, EARL
Address: 14 ROSE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD () Delete
Name: MCDERMOTT, DINA
Address: 1844 N NOB HILL ROAD, SUITE 151
City-St-Zip: PLANTATION, FL 333226453

Title: TD () Delete
Name: LUISO, ANGELO J
Address: 2626 EAST OAKLAND PARK BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LEONARD, KEVIN T
Address: 2844 EAST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33305 US

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

Title: LOD (X) Change () Addition
Name: SIMMONS, STEPHEN J ESQ
Address: 1401 E. BROWARD BLVD., STE.200
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD (X) Change () Addition
Name: BENSON, ROBERT W CPA
Address: 350 E.LAS OLAS BLVD., STE.1420
City-St-Zip: FT. LAUDERDALE, FL 33301

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: NANCY MEROLLA

COO

02/20/2008

Electronic Signature of Signing Officer or Director

Date