## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003780

FILED Apr 28, 2009 Secretary of State

Entity Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 920 N.W. 7 AVENUE FT LAUDERDALE, FL 333117229 US **Current Mailing Address: New Mailing Address:** 920 N.W. 7 AVENUE FT LAUDERDALE, FL 333117229 US FEI Number: 65-0777033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESPOSITO, FRANCES M 920 N.W. 7 AVENUE FT LAUDERDALE, FL 333117229 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LEONARD, KEVIN T TAYLOR, DANIEL E ESQ. Name: Name: 2844 EAST OAKLAND PARK BOULEVARD Address: 110 S.E. 6TH STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33305 US City-St-Zip: FORT LAUDERDALE, FL 33301 US (X) Change ( ) Addition Title: VCD ( ) Delete Title: HALL, EARL Name: TAYLOR, PATRICK A DR. Name: Address: 14 ROSE DRIVE Address: 4725 N. FEDERAL HIGHWAY City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: LOD () Delete Title: () Change () Addition SIMMONS, STEPHEN J ESQ Name: Name: 1401 E. BROWARD BLVD., STE.200 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: BENSON, ROBERT W CPA Name: Address: 350 E.LAS OLAS BLVD., STE.1420 Address: City-St-Zip: FT. LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: SD ( ) Change (X) Addition KEITH-LAZOWICK, DODIE Name: Name: 301 E. ATLANTIC BOULEVARD Address: Address: City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 66

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: FRANCIS M. ESPOSITO CEO 04/28/2009