

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006412

FILED
Apr 26, 2007
Secretary of State

Entity Name: BROWARD AFFORDABLE HOUSING TASK FORCE INC.

Current Principal Place of Business:

2400 NORTH UNIVERSITY
SUITE 200
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1524
FORT LAUDERDALE, FL 33302 US

New Mailing Address:

FEI Number: 65-0614778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, CHESTER
2400 NORTH UNIVERSITY
SUITE 200
PEMBROKE PINES, FL 33024 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: PD () Delete
Name: FAUSEL, KRISTINA
Address: 2500 HOLLYWOOD BLVD, #314
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD () Delete
Name: JOHNSON, FRANCINE
Address: 4360 WEST OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: VD () Delete
Name: BLANCO-TRUE, ERBI
Address: 1500 SAN REMO
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: GALLOWAY, ANGELA
Address: PO BOX 1524
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: CEDENO, LESLIE
Address: PO BOX 1524
City-St-Zip: FORT LAUDERDALE, FL 33302

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: FRANCINE JOHNSON

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date