

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000213

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** BROWARD COMMUNITY AND FAMILY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

168 N. POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

2518 N. STATE ROAD 7  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 59-3489664      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FRAZIER, ROSALYN  
2518 N. STATE ROAD 7  
HOLLYWOOD, FL 33021 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: O ( ) Delete  
Name: PENN, AUNDRA  
Address: 679 S.W. 1ST STREET  
City-St-Zip: DANIA, FL 33004

Title: D ( ) Delete  
Name: CANNON, ROSA  
Address: 242 SW 2ND STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: O ( ) Delete  
Name: BALDWIN, LONNISE  
Address: 1731 NW 5TH AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: O ( ) Delete  
Name: MCGUIGAN, MICHAEL  
Address: 6972 NW 8TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: ARTHUR, ROGERS M  
Address: 719 CRYTAL COURT  
City-St-Zip: WESTON, FL 33323

Title: D ( ) Delete  
Name: FARGUHARSON, AMOS  
Address: 11701 NW 17TH COURT  
City-St-Zip: PLANTATION, FL 33323

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

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

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

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: AUNDRA PENN

O

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date