

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90001 047 \*\*\*\*61.25

**DOCUMENT # N98000007049**

1. Entity Name  
COACH INC. OF BROWARD COUNTY



Principal Place of Business  
2021 N.W. 46TH AVENUE  
C-203  
LAUDERHILL, FL 33313

Mailing Address  
2021 N.W. 46TH AVENUE  
C-203  
LAUDERHILL, FL 33313

**54072254**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0893696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, BARBARA V  
2021 N.W. 46TH AVENUE  
C-203  
LAUDERHILL, FL 33313

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DEROCHE, BARBARA V  
STREET ADDRESS 2021 N.W. 46TH AVENUE  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☒ Addition  
NAME C203  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME COACH, CLIFFORD L  
STREET ADDRESS 2316 N.W. 55TH WAY  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME NORRIS, ALIYA  
STREET ADDRESS 2801 N.W. 60TH AVENUE  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME COACH, CLIFTON L  
STREET ADDRESS 3278 NW 13TH STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *BARBARA V. DEROCHE* *Barbara V Deroche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04 (954) 467-4736  
Date Daytime Phone #