2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # N99000006864 1. Entity Name WEST BROWARD FAMILY EMPOWERMENT CENTER, INC. 09-11-2000 90018 030 ****70.00 Principal Place of Business Mailing Address 1050 NW 43RD AVENUE 1050 NW 43RD AVENUE PLANTATION FL 33312 PLANTATION FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Application not ye Not Applicable \$8.75 Additional Country_ Country Zip _ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LINDO, MILLICENT 7496 NW 25TH STREET MARGATE FL 33063 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Áddition ☐ Change TITLE ☐ Delete TITLE 0-President NAME NAME inald Millicent NW 115th Drive st 3<u>306</u> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE Director TITLE NAME rancis E. Blackman NAME N. Federal Highwa STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3065 CITY-ST-ZIP barro Addition Change ☐ Delete TITLE NAME NAME Christian 42nd st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1.33316 Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33065 CITY-ST-ZIP Addition TITLE TITLE NAME Dallin NAME Robinson STREET ADDRESS 1errace STREET ADDRESS avenue CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

STREET ADDRESS

CITY-ST-ZIP

10.

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #