

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006864

FILED
Apr 30, 2004
Secretary of State**Entity Name:** WEST BROWARD FAMILY EMPOWERMENT CENTER, INC.**Current Principal Place of Business:**1050 NW 43RD AVENUE
PLANTATION, FL 33312**New Principal Place of Business:****Current Mailing Address:**1050 NW 43RD AVENUE
PLANTATION, FL 33312**New Mailing Address:****FEI Number:** 65-1078058**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LINDO, MILLICENT
7496 NW 25TH STREET
MARGATE, FL 33063 US**Name and Address of New Registered Agent:**SMITH, CAROL
2310 W 115TH DR
CORAL SPRINGS, FL 33065 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: CAROL SMITH

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, REGINALD
Address: 2310 NW 115TH DR
City-St-Zip: CORAL SPRINGS, FL 33365

Title: D () Delete
Name: BLACKMAN, FRANCIS
Address: 1501 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: CHRISTIAN, GLORIA
Address: 3550 NW 42ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: C () Delete
Name: SMITH, CAROL
Address: 2310 W 115TH DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: SMITH, CYNTHIA
Address: 21900 SW 83RD TERR
City-St-Zip: SUNRISE, FL 33322

Title: T () Delete
Name: GRANT-BROWN, GRACE
Address: 510 SW 62ND TERRACE
City-St-Zip: MARGATE, FL 33068

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
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Title: () Change () Addition
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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 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 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: GRACE GRANT-BROWN

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04/30/2004

Electronic Signature of Signing Officer or Director

Date