

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006864

FILED
Jul 13, 2006
Secretary of State

Entity Name: WEST BROWARD FAMILY EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

1501 NW 47TH AVENUE
SUITE C
LAUDERHILL, FL 33313

New Principal Place of Business:

1501 NW 47TH AVENUE
SUITE C
LAUDERHILL, FL 33313 US

Current Mailing Address:

1501 NW 47TH AVENUE
SUITE C
LAUDERHILL, FL 33313

New Mailing Address:

1501 NW 47TH AVENUE
SUITE C
LAUDERHILL, FL 33313 US

FEI Number: 65-1078058 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CAROL A
2310 W 115TH DR
CORAL SPRINGS, FL 33065 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: D () Delete
Name: SMITH, REGINALD
Address: 2310 NW 115TH DR
City-St-Zip: CORAL SPRINGS, FL 33365

Title: T () Delete
Name: YOUNG, ANDREA
Address: 181 NW 75TH WAY
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: PARKER-SOBERS, MARTINA
Address: 1173 NW 44TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313

Title: C () Delete
Name: LINDO, MILLICENT
Address: 7496 NW 25TH STREET
City-St-Zip: MARGATE, FL

Title: S () Delete
Name: SMITH, CYNTHIA
Address: 2190 NW 83RD TERR
City-St-Zip: SUNRISE, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: LINDO, MILLICENT
Address: 7496 NW 25TH STREET
City-St-Zip: MARGATE, FL

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

Title: D () Change (X) Addition
Name: BLACKMAN, FRANCIS M.D.
Address: 4300 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL A. SMITH

CEO

07/13/2006

Electronic Signature of Signing Officer or Director

Date