

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006864

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** WEST BROWARD FAMILY EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

4679 ISLAND REEF DR  
WELLINGTON, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

4679 ISLAND REEF DR  
WELLINGTON, FL 33449 US

**New Mailing Address:**

**FEI Number:** 65-1078158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, CAROL A  
4679 ISLAND REEF DR  
WELLINGTON, FL 33449 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  
**Name:** SMITH, REGINALD  
**Address:** 4679 ISLAND REEF DR  
**City-St-Zip:** WELLINGTON, FL 33449

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

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

**Title:** D  
**Name:** LINDO, MILLICENT  
**Address:** 7496 NW 25TH STREET  
**City-St-Zip:** MARGATE, FL

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

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL A. SMITH

CEO

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date