

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90044 042 \*\*\*\*61.25

**DOCUMENT # N99000006864**

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



**Principal Place of Business**

**1050 NW 43RD AVENUE  
PLANTATION FL 33312**

**Mailing Address**

**1050 NW 43RD AVENUE  
PLANTATION FL 33312**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number NOT APPLICABLE**

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**

**LINDO, MILLICENT  
7496 NW 25TH STREET  
MARGATE FL 33063**

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

**FILE NOW: FEE IS \$61.25**

**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** **D** ☐ Delete  
**NAME** **SMITH, REGINALD**  
**STREET ADDRESS** **2310 NW 115TH DR**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33365**

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

**TITLE** **D** ☐ Delete  
**NAME** **BLACKMAN, FRANCIS**  
**STREET ADDRESS** **1501 N FEDERAL HWY**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33064**

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

**TITLE** **D** ☐ Delete  
**NAME** **CHRISTIAN, GLORIA**  
**STREET ADDRESS** **3550 NW 42ND STREET**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33309**

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

**TITLE** **C** ☐ Delete  
**NAME** **SMITH, CAROL**  
**STREET ADDRESS** **2310 W 115TH DR**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33065**

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

**TITLE** **S** ☐ Delete  
**NAME** **SMITH, CYNTHIA**  
**STREET ADDRESS** **21900 SW 83RD TERR**  
**CITY-ST-ZIP** **SUNRISE FL 33322**

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

**TITLE** **T** ☒ Delete  
**NAME** **DALLING, SANDRA**  
**STREET ADDRESS** **4090 NW 42ND AVE #101**  
**CITY-ST-ZIP** **LAUDERDALE LAKES FL 33319**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Grace Grant - Brown**  
**STREET ADDRESS** **510 SW 62nd Terrace**  
**CITY-ST-ZIP** **Margate, FL 33068**

**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:**

**SICILIA**

**5/8/03 (954) 797-0222**

CR2E037 (10/02)