

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000072685

1. Entity Name
S.F.B.C. OF BROWARD, INC.



Principal Place of Business
2356 NW 111TH AVENUE
SUNRISE, FL 33322

Mailing Address
2356 NW 111TH AVENUE
SUNRISE, FL 33322



01142008 No-Chg-P CR2E034 (11/05)

4. FEI Number
65-0698395

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, WILLIAM L
2356 NW 111TH AVE
SUNRISE, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ADAMS, WILLIAM L
2356 NW 111TH AVENUE
SUNRISE, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ADAMS, NANCY F
2356 NW 111TH AVENUE
SUNRISE, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

W Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #