

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 720214

Entity Name: BROWARD CHILDRENS CENTER, INC.

Current Principal Place of Business:

200 S.E. 19TH AVE
POMPANO BEACH, FL 33060

Current Mailing Address:

200 SE 19TH AVE
POMPANO BCH, FL 33060 US

FEI Number: 59-1378244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCPHERSON, YVETTE
23230-C ISLAND VIEW DR.
BOCA RATON, FL 33433 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: YVETTE MCPHERSON

05/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCPHERSON, YVETTE
Address 23230-C ISLAND VIEW DR.
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY
Name MC GOUGH, WILLIAM
Address 13 ROYAL PALM WAY, # 603
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name GRIMALDI, MARK
Address 3050 N FEDERAL HIGHWAY
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title CEO
Name EVANS, MARJORIE
Address 200 SE 19TH AVE
City-State-Zip: POMPANO BCH FL 33060

Title DIRECTOR
Name STRAUSS, RANDOLPH "RANDY"
Address 4301 N.E. 1ST TERR.
 STE. 1
City-State-Zip: FT. LAUDERDALE FL 33334

Title DIRECTOR
Name BRICE, JANELLE N.
Address 5400 N.W. 27TH CT.
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name FISHER, PAUL
Address 401 6TH AVE
City-State-Zip: POMPANO BEACH FL 33060

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: MARJORIE EVANS

CEO

05/12/2025

Electronic Signature of Signing Officer/Director Detail

Date