**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 18, 2015**
**Secretary of State**
**CC9503401781**

DOCUMENT# N06000007129

**Entity Name:** BROWARD TEEN ASSISTANCE PROGRAM, INC.

**Current Principal Place of Business:**

411 NE 33RD ST.
OAKLAND PARK, FL 33334

**Current Mailing Address:**

PO BOX 24362
OAKLAND PARK, FL 33307

**FEI Number: 41-2206229**

**Certificate of Status Desired:** No

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

KING, COBY A
411 NE 33RD ST.
OAKLAND PARK, FL 33334 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | CD | Title | D |
| Name | KING, COBY | Name | EDWARDS, SAUNDRA |
| Address | 411 NE 33RD ST. | Address | 411 NE 33RD ST. |
| City-State-Zip: | OAKLAND PARK FL 33334 | City-State-Zip: | OAKLAND PARK FL 33334 |

| | |
|---|---|
| Title | D |
| Name | FRANCIS, STACY-ANN |
| Address | 2720 DEERWOOD LANE |
| City-State-Zip: | ATLANTA GA 30331 |

*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: COBY KING DIRECTOR 03/18/2015

Electronic Signature of Signing Officer/Director Detail — Date