

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006182

Entity Name: TRAILBLAZER OF BROWARD COUNTY, INC**Current Principal Place of Business:**1710 NW 27TH AVENUE
FORT LAUDERDALE, FL 33311**Current Mailing Address:**1710 NW 27TH AVENUE
FORT LAUDERDALE, FL 33311**FEI Number: 36-4633431****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, SAUNDRA
411 NE 33RD STREET
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	PC
Name	CUMMINGS, BEAUREGARD
Address	1710 NW 27TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	S
Name	WRIGHT, NORMA
Address	1516 NW 24TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	V
Name	BURROWS, SONYA
Address	1600 NW 4TH STREET
City-State-Zip:	FT LAUDERDALE FL 33311

Title	T
Name	ROBINSON, GLORIA M
Address	3730 N. W. 4TH. PLACE
City-State-Zip:	FORT LAUDERDALE FL 33311

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: CUMMINGS, BEAUREGARD**PRESIDENT****01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date