

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006332

**Entity Name:** BROWARD ALLIANCE OF CARIBBEAN EDUCATORS, INC.

**Current Principal Place of Business:**

5466 NW 94TH TERRACE  
SUNRISE, FL 33351

**Current Mailing Address:**

P.O. BOX 16812  
PLANTATION, FL 33318 US

**FEI Number:** 27-3150273

**Certificate of Status Desired:** No

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

MULLINGS, BEVERLY DR.  
5466 NW 94TH TERRACE  
SUNRISE, FL 33351 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:** DR.BEVERLY MULLINGS

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HUNTER, EMANNUEL  
Address P.O. BOX 16812  
City-State-Zip: PLANTATION FL 33318

Title T  
Name MULLINGS, BEVERLY DR.  
Address 5466 NW 94TH TERRACE  
City-State-Zip: SUNRISE FL 33351

Title VC  
Name PLUMMER, MAXINE  
Address 4970 LEEWARD AVE.  
City-State-Zip: DANIA BEACH FL 33312

Title VC  
Name SPECKLES, HERMIE DR.  
Address P.O. BOX 450853  
City-State-Zip: SUNRISE FL 33315

Title SECRETARY  
Name ANDRADE, ANGELLA  
Address 3541 NW 35TH AVE.  
City-State-Zip: LAUDERDALE LAKES FL 33309

*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:** BEVERLY MULLINGS

**TREASURER**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date