

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007702

Entity Name: BROWARD COUNTY COALITION FOR COMMUNITY CHANGE
INC.**FILED**
May 01, 2015
Secretary of State
CC9526333621**Current Principal Place of Business:**1512 NW 15TH TERRACE
FORT LAUDERDALE, FL 33311**Current Mailing Address:**1512 NW 15TH TERRACE
FORT LAUDERDALE, FL 33311**FEI Number: 46-0953681****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HANKERSON, ROXANNE
1512 NW 15TH TERRACE
FORT LAUDERDALE, FL 33311 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
Name	HANKERSON, ROXANNE
Address	1512 NW 15TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	VCD
Name	HANKERSON, QUITNEY
Address	1512 NW 15TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	OD
Name	HANKERSON, RUBY
Address	3571 NW 7TH PLACE
City-State-Zip:	LAUDERHILL FL 33311

Title	OD
Name	HANKERSON, BOBBY
Address	3571 NW 7TH PLACE
City-State-Zip:	LAUDERHILL FL 33311

Title	OD
Name	TISDALE, MINNIE
Address	2841 NW 22ND STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	SAVAGE, DEMETRIUS
Address	2837 NW 8TH CT
City-State-Zip:	FT. 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: ROXANNE HANKERSON**CHIEF DIRECTOR****05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date