

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007781

Entity Name: BROWARD MOMS INCORPORATED**Current Principal Place of Business:**8664 SW 55TH ST
COOPER CITY, FL 33328**Current Mailing Address:**8664 SW 55TH ST
COOPER CITY, FL 33328 UN**FEI Number:** 81-3498587**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLFE, BRITTANY
8664 SW 55TH ST
COOPER CITY, FL 33328 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	DP
Name	WOLFE, BRITTANY
Address	8664 SW 55TH ST
City-State-Zip:	COOPER CITY 33328

Title	DVP
Name	WOLFE, DWAYNE
Address	8664 SW 55TH ST
City-State-Zip:	COOPER CITY FL 33328

Title	DIRECTOR OF COMMUNITY AFFAIRS
Name	WEST, ADORA
Address	7692 SW 5TH ST
City-State-Zip:	NORTH LAUDERDALE FL 33328

Title	ORGANIZATIONAL DIRECTOR
Name	TAIT, TIFFANY
Address	150 SOUTH PINE ISLAND RD SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY
Name	ORACE, THAINA
Address	508 NE 1ST AVE APT 12
City-State-Zip:	FORT LAUDERDALE FL 33301

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: BRITTANY WOLFE**PRESIDENT****07/25/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date