Entity Name: BROWARD GOLD COAST SERVICE OF NA INC Current Principal Place of Business:

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

43 SOUTH POWERLINE ROAD #111 POMPANO BEACH, FL 33069

DOCUMENT# N2000001948

## **Current Mailing Address:**

43 SOUTH POWERLINE ROAD #111 POMPANO BEACH, FL 33069 US

## FEI Number: 84-4742931

## Name and Address of Current Registered Agent:

MOYNAHAN, CHRISTOPHER HOWELL 43 SOUTH POWERLINE ROAD #111 POMPANO BEACH, FL 33069 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.

		stered onice of regis	lered agent, or both, in the State of Flo	
SIGNATURE	CHRISTOPHER HOWELL MOYNAHAN			04/07/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	CEO	Title	PRESIDENT	
Name	MOYNAHAN, CHRISTOPHER	Name	SLONECKER, COREY	
Address	43 SOUTH POWERLINE ROAD #111	Address	43 SOUTH POWERLINE ROAD #111	
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33069	
Title	SECRETARY	Title	TREASURER	
Name	ANTHONY, ALISSA NICOLE	Name	KAPLAN, SHERI	
Address	43 SOUTH POWERLINE ROAD #111	Address	43 SOUTH POWERLINE ROAD #111	
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33069	
Title	MEMBER	Title	MEMBER	
Name	COREN, RHONDA	Name	LIPENSKI, RACHEL	
Address	43 SOUTH POWERLINE ROAD #111	Address	43 SOUTH POWERLINE ROAD #111	
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33069	

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: CHRISTOPHER HOWELL MOYNAHAN	CEO	04/07/2024
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Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date