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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764382 (8)

1. Corporation Name  
BROWARD PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business Mailing Address  
100 SO ANDREWS AVE FT LAUD FL 33301 100 SO ANDREWS AVE FT LAUD FL 33301-1830

3. Date Incorporated or Qualified 08/05/1982 3a. Date of Last Report 02/07/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27  
City & State 23 City & State 28  
Zip Country 24 25 Zip Country 29 30  
4. FEI Number 59-2224746 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
KARVEY, KAY  
1500 BAY ROAD  
MIAMI BCH FL 33139  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	DELETED	1.1 TITLE	Change Addition
NAME GLOVER, ANTHONY		1.2 NAME	
STREET ADDRESS 777 AMERICAN EXPRESSWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE CD	DELETED	2.1 TITLE	Change Addition
NAME DOMENICO, RALPH J.		2.2 NAME	
STREET ADDRESS 200 E. BROWARD BOULEVARD		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE DS	DELETED	3.1 TITLE	Change Addition
NAME LAMBERTUS, CHRISTINE L.		3.2 NAME	
STREET ADDRESS 2929 E. COMMERCIAL BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE CVD	DELETED	4.1 TITLE	Change Addition
NAME TOLL, CRAIG S.		4.2 NAME	
STREET ADDRESS 2153 NW 86TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an assignment with an address.

SIGNATURE: [Signature] REQUIRED 1/21/97 954-357-7469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # 0035286

CFR2E037 (9/96)