


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90036 037 ****61.25

DOCUMENT # 764382
1. Entity Name
BROWARD PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business Mailing Address
100 SO ANDREWS AVE 100 SO ANDREWS AVE
FT LAUD FL 33301 8TH FLOOR
FT LAUD FL 33301

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2224746 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
KLEIN, DOROTHY
100 S. ANDREWS AVE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LAMBERTUS, CHRISTINE L 2929 E. COMMERCIAL BLVD., SUITE 604 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD LI VOLSI, JOE 2800 WESTON ROAD SUITE 100 WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRIS, MICHAEL T 4900 W. ATLANTIC BLVD. #1 MARGATE FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELLENOFF, NEIL E 3900 NORTH OCEAN DR. 14D FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BEACH, MARCIA 201 SE SIXTH ST. ROOM 6790 FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O PLATT III, GEORGE I 1771 S.E. NINETH ST. FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LiVolsi, Joseph E 1200 Brickell Avenue Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD Platt III, George I 200 E Broward Blvd #2000 Fort Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Harris, Michael T 4835 Coconut Creek Parkway Coconut Cree FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Arbogast, Steven L 1100 East Las Olas Blvd Fort Lauderdale FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O Lambertus, Christine L 2929 E Commercial Blvd #604 Fort Lauderdale FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O Robbins, Sally 4023 Buchanan Street Hollywood FL 33021 <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in this report or supplemental report is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 4023, Florida Statutes, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy K. Klein*