

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N16777 (7)

1. Corporation Name

**BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INC
OPRPORATED**



Principal Place of Business

Mailing Address

%JUDITH R. DORMAN
P.O. BOX 2427
FT. LAUDERDALE FL 33303

%JUDITH R. DORMAN
P.O. BOX 2427
FT. LAUDERDALE FL 33303

3. Date Incorporated or Qualified
09/12/1986

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2723155

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

10. Name and Address of New Registered Agent

**DORMAN, JUDITH R.
1 FINANCIAL PLAZA, SUITE 1302
FT. LAUDERDALE FL 33394**

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	DAT	<input type="checkbox"/> DELETE
NAME	MAYHUE, CARL L.	
STREET ADDRESS	625 NE 4TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RUSH, DAVID H.	
STREET ADDRESS	700 NW 12 AVENUE	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BANKS, WALTER	
STREET ADDRESS	1700 S. OCEAN LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NOLAN, ANTHONY A.	
STREET ADDRESS	2321 WILTON DRIVE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUEBNER, ROBERT E	
STREET ADDRESS	321 SE 15 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or 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 applicable, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Huebner

, President 02/02/96

305/467-2000

Date

Daytime Phone #

CR2E037 (12/95)