


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N16777
 1. Entity Name
BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INCORPORATED



Principal Place of Business Mailing Address
 450 E. LAS OLAS BLVD. 450 E. LAS OLAS BLVD.
 SUITE 800 SUITE 800
 FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2723155 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAULKINS, CHARLES S
 450 E. LAS OLAS BLVD.
 FORT LAUDERDALE, FL 33301

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

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000324743
 04/22/05-80103-022 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAT KOENIG, KEITH 6701 N. HIATUS ROAD FT. LAUDERDALE, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC CAULKINS, CHARLES S 450 E. LAS OLAS BLVD., SUITE 800 FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BANKS, WALTER 1700 S. OCEAN LANE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Charles Caulkins Date: 4/19/05 Daytime Phone #: 954/847-4700