2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# N16777

Entity Name: BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INCOPRPORATED

Current Principal Place of Business:

450 E. LAS OLAS BLVD.
SUITE 800
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

450 E. LAS OLAS BLVD.
SUITE 800
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-2723155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAULKINS, CHARLES S
450 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DAT ( ) Delete
Name: KOENIG, KEITH
Address: 6701 N. HIATUS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33321 US

Title: DC ( ) Delete
Name: CAULKINS, CHARLES S
Address: 450 E. LAS OLAS BLVD., SUITE 800
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DT ( ) Delete
Name: BANKS, WALTER,
Address: 1700 S. OCEAN LANE
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES S. CAULKINS DC 07/10/2007

Electronic Signature of Signing Officer or Director — Date