


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State


DOCUMENT # N16777

1. Entity Name
 BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INCORPORATED



Principal Place of Business 450 E. LAS OLAS BLVD. SUITE 800 FORT LAUDERDALE, FL 33301 US	Mailing Address 450 E. LAS OLAS BLVD. SUITE 800 FORT LAUDERDALE, FL 33301 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2723155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008

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

10. OFFICERS AND DIRECTORS

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	
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 02/11/08-80004-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/29/08** **954-525-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #