

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16777

FILED
Apr 14, 2009
Secretary of State

Entity Name: BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INCORPORATED

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 ()**

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: DT (X) Change () Addition
Name: MCCORMICK, MARK
Address: 450 E LAS OLAS BLVD, SUITE 800
City-St-Zip: FT. LAUDERDALE, FL 33301

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date