

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 002 ****61.25

DOCUMENT # N34581

1. Entity Name

CULTURAL FOUNDATION OF BROWARD, INC.



Principal Place of Business

100 SOUTH ANDREWS AVENUE
6TH FLOOR
FT. LAUDERDALE FL 33301-1830

Mailing Address

100 SOUTH ANDREWS AVENUE
6TH FLOOR
FT. LAUDERDALE FL 33301-1830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0151424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.
100 NE THIRD AVENUE
SUITE 1100
FT. LAUDERDALE FL 33301

Name John Latona, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 SE 12th Street

City

Fort Lauderdale

FL

Zip Code

33316

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE NAME | YOUNG, ROBERTA <input type="checkbox"/> Delete |
| STREET ADDRESS | 2400 E COMMERCIAL BLVD, STE 517 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 |
| TITLE NAME | PD <input type="checkbox"/> Delete |
| STREET ADDRESS | PALIN, PETER |
| CITY-ST-ZIP | 1350 E. SUNRISE BLVD #111 1704 SW 14th St. FORT LAUDERDALE FL 33304 33312 |
| TITLE NAME | D <input type="checkbox"/> Delete |
| STREET ADDRESS | DEARDEN, PAMELLA |
| CITY-ST-ZIP | 2957 NW 12 AVENUE 2101 NE 59th COURT FORT LAUDERDALE FL 33311 33308 |
| TITLE NAME | VP <input type="checkbox"/> Delete |
| STREET ADDRESS | CAMP, MELANIE |
| CITY-ST-ZIP | 2851 NE 21 CT 2841 NE 21 COURT FORT LAUDERDALE FL 33305 |
| TITLE NAME | VP <input type="checkbox"/> Delete |
| STREET ADDRESS | WIDMERE, TERESA |
| CITY-ST-ZIP | 201 SE 6TH CT #660E FORT LAUDERDALE FL 33301 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

954-357-7503

Date

Daytime Phone #