


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34581</b>					
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LATONA, JOHN ESQ 201 SE 12TH STREET FORT LAUDERDALE FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, ROBERTA		NAME		
STREET ADDRESS	2400 E COMMERCIAL BLVD, STE 517		STREET ADDRESS	100000434791	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308		CITY- ST- ZIP	02/25/06-80015-017 61.25	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALIN, PETER		NAME		
STREET ADDRESS	1704 SW 14TH ST		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33312		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEARDEN, PAMELLA		NAME		
STREET ADDRESS	2101 NE 59TH COURT		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33308		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMP, MELANIE		NAME		
STREET ADDRESS	2841 NE 21 COURT		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33305		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIDMERE, TERESA		NAME		
STREET ADDRESS	201 SE 6TH CT #660E		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33301		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Robert Young* *2/15/06*