

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07152008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0151424

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LATONA, JOHN ESQ  
201 SE 12TH STREET  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

U00000955581  
07/18/08-80003-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
YOUNG, ROBERTA  
2400 E COMMERCIAL BLVD, STE 517  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PALIN, PETER  
1704 SW 14TH ST  
FORT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEARDEN, PAMELLA  
2101 NE 59TH COURT  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CAMP, MELANIE  
2841 NE 21 COURT  
FORT LAUDERDALE, FL 33305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WIDMERE, TERESA  
201 SE 6TH CT #660E  
FORT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Robert Young  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_