

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45977** (8)

1. Corporation Name
LEADERSHIP BROWARD FOUNDATION, INC.



Principal Place of Business
**4790 NORTH STATE RD. 7
SUITE 200
FT. LAUDERDALE FL 33319
US**

Mailing Address
**P.O. BOX 1541
FT. LAUDERDALE FL 33302
US**

3. Date Incorporated or Qualified **11/14/1991** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business
21 **1415 E. SUNRISE BLVD** 2a. Mailing Address
26 **1415 E. SUNRISE BLVD.**

4. FEI Number **65-0387636** Applied For
Not Applicable

22 **401** Suite, Apt. #, etc.
27 **401** Suite, Apt. #, etc.

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

23 **FORT LAUDERDALE, FL** City & State
28 **FORT LAUDERDALE, FL** City & State

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

24 **33304** Zip 25 **USA** Country 29 **33304** Zip 30 **USA** Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MEACHAM, ANN M
4790 NORTH STATE RD. 7
FT. LAUDERDALE FL 33319**

**1415 E. SUNRISE BLVD.
SUITE 401
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.

SIGNATURE *Ann M. Meacham* DATE **3/26/96**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, JOHN M	
STREET ADDRESS	3111 UNIVERSITY DR., #522	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, DINA	
STREET ADDRESS	CITY OF TAMARAC	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENSON, ROBERT	
STREET ADDRESS	7080 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSHIN, EMILY	
STREET ADDRESS	2636 BARBARA DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDGEMON, JAMIE E	
STREET ADDRESS	P.O. BOX 5367, N/A	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY ARENSON	
1.3 STREET ADDRESS	10231 TAFT STREET	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBARA KEITH	
2.3 STREET ADDRESS	P.O. Box 030207	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33303	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANN MEACHAM	
3.3 STREET ADDRESS	1415 E. SUNRISE BLVD., SUITE 401	
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann M. Meacham* DATE **3/26/96** 954-767-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)