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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45977 (8)

1. Corporation Name
LEADERSHIP BROWARD FOUNDATION, INC.



Principal Place of Business 1514 E. SUNRISE BLVD SUITE 401 FT. LAUDERDALE FL 33304 US	Mailing Address 1415 E. SUNRISE BLVD SUITE 401 FT. LAUDERDALE FL 33304-2347 US
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3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0387636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MEACHAM, ANN M
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Y <input checked="" type="checkbox"/> DELETE
NAME	ARENSON, GARY
STREET ADDRESS	10231 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, DINA
STREET ADDRESS	CITY OF TAMARAC
CITY-ST-ZIP	TAMARAC FL
TITLE	O <input type="checkbox"/> DELETE
NAME	BENSON, ROBERT
STREET ADDRESS	7080 NW 4TH ST.
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	S <input type="checkbox"/> DELETE
NAME	KEITH, BARBARA N/A
STREET ADDRESS	P.O. BOX 030207
CITY-ST-ZIP	FORT LAUDERDALE FL 33303
TITLE	O <input type="checkbox"/> DELETE
NAME	MEACHAM, ANN
STREET ADDRESS	1415 E. SUNRISE BLVD #401
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIRGINIA MILLER
1.3 STREET ADDRESS	614 S Federal Hwy
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)