FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(8)

LEADERSHIP BROWARD FOUNDATION, INC.

FILED	
May 27 1998 8:00am	1
Secretary of State	



Principal Place of Business Mailing Address				
1514 E. SUNRI	SE BLVD	1415 E. SUNRISE BLVD		3. Date Incorporated or Qualified
SUITE 401		SUITE 401		11/14/1991
FT. LAUDERDA	LE FL 33304	FT. LAUDERDALE FL 33304 US		4. FEI Number Applied For
				65-0387636 Not Applicable
21 1415	Place of Business E. Snarise Blyd.	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc. +e 401	Suite, Apt. #, etc.		Election Campaign Financing \$5.00 May Be
City & Stat	e .	City & State		Trust Fund Contribution
23 Ft. La	nderdale FL	28	Country	7. Is this nonprofit corporation a homeowners association?
Zip 33	304 25 US	Zip 30	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Current		<u>'l</u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	Amy J. Galloway
MEACH	AM: ANN M		82 Street	Address (P.O. Box Number is Not Acceptable)
l	SUNRISE BLVD			East Las Olas Blvd, Penthoun 1
SUFFE 4			83	
FT. LAU	DERDALE FL 93304		84 City	7 / / . / . / . 85 Zip Code
14 0			' '	77. LAUGUACO FL 33301
office or i	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes, If Florida. Such change was auth	the above-named orized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and accept the obligat	ions of, Section 617.0503, Florid	a Statutes.	No. 7 1000
SIGNATURE	Signature, typed of printed name of registered agent		enistered Agent signature	required when reinstating) All DATE A sequired when reinstating DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Diane Walsh Change Addition
NAME	MILLER, VIRGINIA		1.2 NAME	3111 University Orive, is Perthouse
STREET ADDRESS	614 S FEDERAL HWY		1.3 STREET ADDRESS	Com Springs, FL 33065
CITY-ST-ZIP	FORT LAUDERDALE FL	□ DELETE	1.4 CITY-ST-ZIP	
TITLE NAME	D Benson, Robert	☐ OEFFIE	2.1 TITLE	☐ Change ☐ AddItion ☐
STREET ADDRESS	7080 NW 4TH ST.		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	,	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	
TITLE	S	DELETE		O Paul Zaus Chica
NAME	KEITH, BARBARA	_	3.2 NAME	1900 Corporate Blud. East Building, #300
STREET ADDRESS	P O BOX 030207 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY-ST-ZIP	Boeg Raton, FL 33431
TITLE	D	■ D€LETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEACHAM, ANN		4. 2 NAME	
STREET ADDRESS	1415 E SUNRISE BLVD #401		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	I DELETE	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
CTREET ADDRESS			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP Title		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	Crange Addition
STREET ADDRESS			6.3 STREET ADDRESS	
		1	6.4 CITY-ST-ZIP	

14. 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 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 organization with an address.