

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000677

1. Entity Name
**THE SHERIFF'S FOUNDATION OF BROWARD COUNTY,
INC.**



Principal Place of Business
**ATTN: H. DAN REVIS, BSO
2601 WEST BROWARD BLVD.
FORT LAUDERDALE, FL 33312-1308**

Mailing Address
**ATTN: H. DAN REVIS, BSO
2601 WEST BROWARD BLVD.
FORT LAUDERDALE, FL 33312-1308**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0898338

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KISSLAN, KIMBERLY A
2601 WEST BROWARD BLVD.
FORT LAUDERDALE, FL 33312**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000232142
02/16/05-80062-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JENNE, KENNETH II
2601 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REVIS, H. DAN
2601 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MACDONALD, WILLIAM
2601 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OTTINO, J.P. III
3015 N. OCEAN BLVD, STE 115
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PALMER, CHARLES L
312 SE 17TH ST -STE 300
FORT LAUDERDALE, FL 33316**

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 05 954-321-4388

Date

Daytime Phone #