

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764382

**Entity Name:** BROWARD PUBLIC LIBRARY FOUNDATION, INC.

**Current Principal Place of Business:**

100 SO ANDREWS AVE  
FT LAUD, FL 33301

**Current Mailing Address:**

100 SO ANDREWS AVE  
FT LAUD, FL 33301

**FEI Number:** 59-2224746

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KLEIN, DOROTHY  
100 S. ANDREWS AVE  
FORT LAUDERDALE, FL 33301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY  
Name BLAKE, MONIQUE  
Address 100 SO. ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER  
Name BOIMAN, WILLIAM  
Address 100 SO ANDREWS AVE  
City-State-Zip: FT LAUD FL 33301

Title PAST CHAIR  
Name SIMON, NILA  
Address 100 SO ANDREWS AVE  
City-State-Zip: FT LAUD FL 33301

Title EXECUTIVE DIRECTOR  
Name KLEIN, DOROTHY  
Address 100 SO ANDREWS AVE  
City-State-Zip: FT LAUD FL 33301

Title CHAIRMAN  
Name VINES, ROBYN  
Address 100 SO ANDREWS AVE  
City-State-Zip: FT LAUD FL 33301

Title VC  
Name CRAWFORD, JOEY  
Address 100 SO ANDREWS AVE  
City-State-Zip: FT LAUD FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOROTHY KLEIN

**EXECUTIVE DIRECTOR**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date