	# N95000002526		Mar 11,	
Entity Name: BROWARD TRUST FOR HISTORIC PRESERVATION, INC.			C. Secretary CC36297	
1329 NORTH D	ICIPAL Place of Business: IXIE HIGHWAY DALE, FL 33305		CC30297	10392
Current Mai	ling Address:			
P.O. BOX 10 FORT LAUD	60 ERDALE, FL 33302 US			
FEI Number: 65-0596154 Certificate o			Certificate of Status Desir	r ed: No
Name and A	ddress of Current Registered Agent:			
GLASSMAN, S ⁻ 2821 N. OCEAN #1001				
FORT LAUDER	DALE, FL 33308 US			
	DALE, FL 33308 US	tered office or regis	tered agent, or both, in the State of Flor.	ida.
The above named		tered office or regis	tered agent, or both, in the State of Flor.	^{ida.} 03/11/2015
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flor	
The above named	 I entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent 	tered office or regis	tered agent, or both, in the State of Flor	03/11/2015
The above named	 I entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent 	tered office or regis	tered agent, or both, in the State of Flor.	03/11/2015
The above named SIGNATURE Officer/Dire	entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent Ctor Detail :			03/11/2015
The above named SIGNATURE Officer/Dired Title	entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent Ctor Detail : D	Title	D	03/11/2015
The above named SIGNATURE Officer/Dired Title Name	entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent Ctor Detail : D HARMELING, SHANNON C 1106 NE 11 AVENUE #3	Title Name	D SMITH, TIM 1720 NE 9TH AVE.	03/11/2015 Date
The above named SIGNATURE Officer/Dired Title Name Address	entity submits this statement for the purpose of changing its regis STEVEN M. GLASSMAN Electronic Signature of Registered Agent Ctor Detail : D HARMELING, SHANNON C 1106 NE 11 AVENUE #3	Title Name Address	D SMITH, TIM 1720 NE 9TH AVE.	03/11/2015 Date

Address

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: STEVEN M. GLASSMAN

2821 N. OCEAN BLVD. #1001

City-State-Zip: FORT LAUDERDALE FL 33308

Address

Electronic Signature of Signing Officer/Director Detail

800 NE 16 COURT

City-State-Zip: FORT LAUDERDALE FL 33305

03/11/2015

FILED

Date