

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002526

**Entity Name:** BROWARD TRUST FOR HISTORIC PRESERVATION, INC.

**Current Principal Place of Business:**

1329 NE 7TH AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

335 SE 6TH AVE  
FORT LAUDERDALE, FL 33301 US

**FEI Number: 65-0596154**

**Certificate of Status Desired: No**

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

CONCA, MICHAELA  
13 BUNTING DRIVE  
KEY LARGO, FL 33037 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: MICHAELA CONCA**

**03/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONCA, MICHAELA MARIE  
Address        13 BUNTING DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title            DIRECTOR  
Name            GEHRON, MICHAEL J  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VP  
Name            TAYLOR, CLIVE  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            BEAN, TERRY  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            GILLIS, SUSAN  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            AYERS-RIGSBY, SARA  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            TOLBER, REED  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            KOOYKER, VALERIE  
Address        335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

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*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: MICHAELA M. CONCA**

**PRESIDENT**

**03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GEORGE, EMMANUEL  
Address 335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name TOWNSEND, KELLY  
Address 335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ARPIN, JOSHU  
Address 335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name CHOLAKIS, ARTHUR  
Address 335 SE 6TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33301