

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722016 (3)
1. Corporation Name
BROWARD COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business Mailing Address
**225 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified 11/05/1971	3a. Date of Last Report 01/30/1995
4. FEI Number 23-7181959	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MC GEE, ANN E. DR.
BROWARD COMMUNITY COLLEGE
225 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name Dr. Willis N. Holcombe
82 Street Address (P.O. Box Number is Not Acceptable) Broward Community College
83 225 East Las Olas Blvd.
84 City Fort Lauderdale
85 Zip Code FL 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Willis N. Holcombe* **Willis N. Holcombe, Secretary**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIP, RICHARD 6451 N FEDERAL HIGHWAY FT LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETD MC GEE, E. ANN 225 E. LAS OLAS BLVD. FORT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOBLEY, CHRIS 1520 E SUNRISE BLVD FT. LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSADY, JAMES ONE FINANCIAL PLAZA FORT LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERTUS, CHRISTINE 2929 E. COMMERCIAL BLVD. FORT LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLCOMBE, WILLIS N. 225 E LAS OLAS BLVD FT LAUDERDALE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Willis N. Holcombe* **Willis N. Holcombe** **2/14/96** **954-761-7401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

1996 Corporation Annual Report
#12 Continued

Levan, Alan	V/D	1750 E. Sunrise Blvd., Fort Lauderdale, FL
Banks, Walter	D	1700 S. Ocean Lane, Fort Lauderdale, FL
Chizner, Michael	D	3536 N. Federal Highway, Fort Lauderdale, FL
Crotzer, M. Alex	D	One East Broward Blvd., Fort Lauderdale, FL
Dickey, Arden	D	One Herald Plaza, Miami, FL
Johnson, A. G.	D	100 NE Third Avenue, Fort Lauderdale, FL
Lindemann, David	D	228 SW 21 Terrace, Fort Lauderdale, FL
Malone, Robert	D	501 E. Las Olas Blvd., Fort Lauderdale, FL
Mariner, Jonathan	D	100 NE Third Avenue, Fort Lauderdale, FL
Miller, Thomas	D	614 S. Federal Highway, Fort Lauderdale, FL
Ortis, Frank	D	3057 W. Broward Blvd., Fort Lauderdale, FL
Reiss, Chris	D	7200 Pines Blvd., Pembroke Pines, FL
Sjogren, Teresa	D	3060 NE 43 Street, Fort Lauderdale, FL
Smith, Scott	D	200 East Las Olas Blvd., Fort Lauderdale, FL
Trower, Wil	D	303 S.E. 17 Street, Fort Lauderdale, FL
Whiddon, Scott	D	2627 S. Andrews Avenue, Fort Lauderdale, FL
Wood, Mary	D	110 East Broward Blvd., Fort Lauderdale, FL