


FILE NOW: FILING FEE IS \$61.25

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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 043 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 722016</b>					
1. Corporation Name <b>BROWARD COMMUNITY COLLEGE FOUNDATION, INC.</b>					
Principal Place of Business <b>225 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301</b>			Mailing Address <b>225 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>11/05/1971</b>	
4. FEI Number <b>23-7181959</b>		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. May Be Added to Fees <b>\$5.00</b>			

9. Name and Address of Current Registered Agent <b>JUDY BOWEN MS. BROWARD COMMUNITY COLLEGE 225 EAST LAS OLAS BLVD FORT LAUDERDALE FL 33301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVAN, ALAN			1.2 NAME			
STREET ADDRESS	1750 E SUNRISE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33304			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANKS, WALTER			2.2 NAME			
STREET ADDRESS	1700 S OCEAN LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASSADY, JAMES			3.2 NAME	Brady, Amy G.		
STREET ADDRESS	ONE FINANCIAL PLAZA			3.3 STREET ADDRESS	One Financial Plaza		
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33394		
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERTUS, CHRISTINE			4.2 NAME	D		
STREET ADDRESS	2929 E. COMMERCIAL BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLCOMBE, WILLIS N.			5.2 NAME			
STREET ADDRESS	225 E LAS OLAS BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	ETC	<input type="checkbox"/> DELETE		6.1 TITLE	E/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWEN, JUDY			6.2 NAME			
STREET ADDRESS	225 E LAS OLAS BLD			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Bowen

2/4/99

954/761-7414

Date

Daytime Phone #

CR2E037 (1/98)

244966-90002-43

722016

1999 Corporation Annual Report  
#12 Continued

Barry, Katharine	D	2665 N.E. 26 <sup>th</sup> Terrace, Fort Lauderdale, FL
Cohen, Steven	D	300 S. Park Road, Hollywood, FL
Crudele, Jeffrey	D	3501 Johnson Street, Hollywood, FL
Dickey, Arden	D	One Herald Plaza, Miami, FL
Fuller, Steven	D	100 West Cypress Creek Road, Fort Lauderdale, FL
Harlow, Phillip	D	100 NE Third Avenue, Fort Lauderdale, FL
Jones, Mark	D	333 S.W. 12 <sup>th</sup> Avenue, Deerfield Beach, FL
LaBate, James	D	2611 E. Oakland Park Blvd., Fort Lauderdale, FL
Lalla, Matthew	D	115 S. Andrews Avenue, Fort Lauderdale, FL
Lindemann, David	D	228 SW 21 Terrace, Fort Lauderdale, FL
Mariner, Jonathan	V/D	2267 NW 199 Street, Miami, FL
Mobley, Chris	S/D	1520 E. Sunrise Blvd., Fort Lauderdale, FL
Obenauf, Steven	D	3501 SW Davie Road, Davie, FL
Payne, Michael	D	700 NE 40 Court, Oakland Park, FL
Pettis, Eugene	D	101 NE 3 Avenue, Fort Lauderdale, FL
Rhodes, Lloyd	D	1219 E. Las Olas Blvd., Fort Lauderdale, FL
Robinson, James	D	2810 N.E. 40 <sup>th</sup> Court, Fort Lauderdale, FL
Sjogren, Teresa	D	200 E. Las Olas Blvd., Fort Lauderdale, FL
Sorensen, Allan	D	2050 Spectrum Blvd., Fort Lauderdale, FL
Trower, Wil	D	303 SE 17 Street, Fort Lauderdale, FL
Wessel, Richard	D	2660 Hampton Bridge Road, Delray Beach, FL
Wood, Mary	T/D	200 S. Andrews Avenue, Fort Lauderdale, FL