

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722016

FILED
Jan 12, 2004
Secretary of State**Entity Name:** BROWARD COMMUNITY COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**225 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE, FL 33301**New Principal Place of Business:****Current Mailing Address:**225 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE, FL 33301**New Mailing Address:****FEI Number:** 23-7181959**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PEARSON, EDITH M
BROWARD COMMUNITY COLLEGE
225 EAST LAS OLAS BLVD
FORT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: LEVAN, ALAN
Address: 1750 E SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33304**Title:** CD () Delete
Name: PETTIS, EUGENE
Address: 101 NE 3 AVE
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** D () Delete
Name: MOBLEY, CHRIS
Address: ONE SE THIRD AVENUE
City-St-Zip: MIAMI, FL 33131**Title:** D () Delete
Name: HOLCOMBE, WILLIS N.,
Address: 225 E LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL**Title:** ED () Delete
Name: PEARSON, EDITH M
Address: 225 E LAS OLAS BLD
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: HOLCOMBE, WILLIS N.,
Address: 225 E LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33301**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: COHEN, WENDY
Address: 10180 SW 1 COURT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDITH M. PEARSON

ED

01/12/2004

Electronic Signature of Signing Officer or Director

Date