# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# 758998

**Entity Name:** BROWARD WORKSHOP, INC.

**Current Principal Place of Business:**

150 E. DAVIE BLVD.
#200
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 E. DAVIE BLVD.
#200
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number: 59-2102112** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BOUTROS-VANI, KAREEN
150 E. DAVIE BLVD.
#200
FORT LAUDERDALE, FL 33316 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: CD ( ) Delete
Name: MORGAN, GEORGE
Address: 401 E. LAS OLAS BLVD, # 1000
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VCD ( ) Delete
Name: STILES, TERRY
Address: 300 SE 2ND STREET, 10TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: PALMER, CHARLES
Address: 312 SE 17TH STREET, #300
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD ( ) Delete
Name: LEVAN, ALAN
Address: 2100 W. CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SHEA, TOM
Address: 1301 E. BROWARD BLVD., SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VCD (X) Change ( ) Addition
Name: PALMER, CHARLES
Address: 312 SE 17TH STREET, #300
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD (X) Change ( ) Addition
Name: MCCORMICK, MARK
Address: 800 E. BROWARD BLVD., SUITE 506
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREEN BOUTROS RA 01/12/2009

Electronic Signature of Signing Officer or Director — Date