

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **769725** (3)

1. Corporation Name

BROWARD EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

**600 SE 3 AVENUE, 11TH FL. 8th Floor
FT LAUDERDALE FL 33301
US**

**600 SE 3 AVENUE, 11TH FL. 8th Floor
FT LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified
08/08/1983

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2359433

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAROLD HIPPLER,
2716 NE 37 DRIVE
FT LAUDERDALE FL 33308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **CD** ☒ DELETE

13. 1.1 TITLE

Chairperson ☒ Change ☐ Addition

NAME **ROGERS, ROY**
STREET ADDRESS **1200 WESTON ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.2 NAME

John E. Nye

TITLE **D** ☒ DELETE

1.3 STREET ADDRESS

**Barnett Bank, 301 East Las Olas Blvd.
Fort Lauderdale, FL 33301**

NAME **ANNE H. MCMICHAEL**
STREET ADDRESS **2101 W. CYPRESS CREEK ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

1.4 CITY-ST-ZIP

2.1 TITLE

Secretary ☒ Change ☐ Addition

TITLE **TD** ☒ DELETE

2.2 NAME

Tom Paralise

NAME **HAROLD HIPPLER,**
STREET ADDRESS **2716 NE 37 DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

2.3 STREET ADDRESS

**Bell South, 6451 N. Federal Highway
Suite 1220, Fort Lauderdale, FL 33308**

TITLE **D** ☒ DELETE

2.4 CITY-ST-ZIP

3.1 TITLE

Treasurer ☐ Change ☒ Addition

NAME **LEE, ROBERT W.**
STREET ADDRESS **2400 E. COMMERCIAL BLVD., #600**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.2 NAME

William Alejandro

TITLE **D** ☒ DELETE

3.3 STREET ADDRESS

**661 S.W. 95th Terrace
Pembroke Pines, FL 33025**

NAME **ENGLISH, KIM W**
STREET ADDRESS **600 SE 3 AVENUE, 11TH FL.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.4 CITY-ST-ZIP

4.1 TITLE

Board Attorney ☒ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

Daniel P. O'Connor

NAME

4.3 STREET ADDRESS

**P. O. Box 14090
Fort Lauderdale, FL 33302**

STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (3/96)