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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769725** (3)

1. Corporation Name

BROWARD EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301
US**

**600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301-3125
US**



3. Date Incorporated or Qualified **08/08/1983** 3a. Date of Last Report **07/17/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2359433	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Chairman (C/D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, JOHN E	1.2 NAME	Nye, John E.
STREET ADDRESS	BARNETT BANK 301 EAST LAS OLAS BLVD	1.3 STREET ADDRESS	Barnett Bank -2335 E. Atlantic Blvd
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Secretary (S/D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADISE, TOM	2.2 NAME	Paradise, Tom
STREET ADDRESS	BELL SOUTH 6451 N FEDERAL HIGHWAY STE1220	2.3 STREET ADDRESS	Bell South-6451 N Federal Hwy, Ste 1220
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer (T/D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRO, WILLIAM	3.2 NAME	Alejandro, William
STREET ADDRESS	661 SW 95TH TERRACE	3.3 STREET ADDRESS	661 S.W. 95th Terrace
CITY-ST-ZIP	PEMBROKE PINES FL 33025	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	Board Attorney (B/D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, DANIEL P	4.2 NAME	O'Connor, Daniel P
STREET ADDRESS	P O BOX 14090	4.3 STREET ADDRESS	P. O. Box 14090
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33302
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Executive Director (ED/D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kim Bentley
STREET ADDRESS		5.3 STREET ADDRESS	600 S.E. 3rd Avenue, 8th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

John Bentley

4/2/97

769725

CR2E037 (9/96)