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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

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

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

9. Name and Address of Current Registered Agent

HAROLD HIPPLER,
2716 NE 37 DRIVE
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

08/08/1983

4. FEI Number

59-2359433

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name EAGON, DOUGLAS P.

82 Street Address (P.O. Box Number is Not Acceptable)
6400 N. ANDREWS AVE

83

84 City Ft. Lauderdale FL 85 Zip Code 33309-2114

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

TITLE CD
NAME NYE, JOHN E
STREET ADDRESS BARNETT BANK-2335 E. ATLANTIC BLVD
CITY-ST-ZIP POMPAHO BEACH FL

TITLE SD
NAME PARADISE, TOM
STREET ADDRESS BELL SOUTH 6451 N FEDERAL HIGHWAY STE1220
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD
NAME ALEJANDRO, WILLIAM
STREET ADDRESS 681 SW 95TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE BD
NAME O'CONNOR, DANIEL P
STREET ADDRESS P O BOX 14090
CITY-ST-ZIP FT. LAUDERDALE FL 33302

TITLE EED
NAME BENTLEY, KIM
STREET ADDRESS 800 SE 3RD AVE., 8TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100 NE 3 Ave Suite 1100
Ft. Lauderdale, FL 33301

VD
EAGON, DOUGLAS P
6400 N. ANDREWS AVE
Ft. Lauderdale FL 33309-2114

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Kim Bentley

7 Jan 98 954.765.6622

CR2E037 (10/97)