


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769725					
1. Corporation Name BROWARD EDUCATION FOUNDATION, INC.					
Principal Place of Business 600 SE 3 AVENUE, 8TH FLOOR FT LAUDERDALE FL 33301 US			Mailing Address 600 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		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/08/1983	
4. FEI Number 59-2359433		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent EAGON, DOUGLAS P 6400 N ANDREWS AVE FT LAUDERDALE FL 33309			
10. Name and Address of New Registered Agent 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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input checked="" type="checkbox"/> DELETE			
NAME	NYE, JOHN E				
STREET ADDRESS	BARNETT BANK-2335 E. ATLANTIC BLVD				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	PARADISE, TOM				
STREET ADDRESS	BELL SOUTH 6451 N FEDERAL HIGHWAY STE1220				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	ALEJANDRO, WILLIAM				
STREET ADDRESS	661 SW 95TH TERRACE				
CITY-ST-ZIP	PEMBROKE PINES FL				
TITLE	BD	<input checked="" type="checkbox"/> DELETE			
NAME	O'CONNOR, DANIEL P				
STREET ADDRESS	100 NE 3RD AVE #1100				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301				
TITLE	EED	<input type="checkbox"/> DELETE			
NAME	BENTLEY, KIM				
STREET ADDRESS	600 SE 3RD AVE., 8TH FLOOR				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	EAGON, DOUGLAS P				
STREET ADDRESS	6400 N ANDREWS AVE				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Douglas P. Eagon				
1.3 STREET ADDRESS	6400 N Andrews Avenue				
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Steve Picha				
3.3 STREET ADDRESS	7080 NW 4th Street				
3.4 CITY-ST-ZIP	Plantation, FL 33317				
4.1 TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Timothy J. McDermott				
4.3 STREET ADDRESS	110 SE 6th Street				
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301				
5.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Kim Bentley				
5.3 STREET ADDRESS	Same				
5.4 CITY-ST-ZIP	Same				
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Virginia I. Miller				
6.3 STREET ADDRESS	614 S Federal Highway				
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301				

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)