2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 769725

Entity Name: BROWARD EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

600 SE 3 AVENUE, 1ST FLOOR
FT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

600 SE 3 AVENUE, 1ST FLOOR
FT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-2359433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LONG, MICHAEL
600 SE 3RD AVE, 1ST FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LONG, MICHAEL S
600 SE 3RD AVE, 1ST FLOOR
FORT LAUDERDALE, FL 33301 US

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: MICHAEL S. LONG 01/05/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete
Name: FELDKAMP, BEVERLY
Address: 333 SW12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: MARCUS, DAVID
Address: 2255 GLADES ROAD, STE 400E
City-St-Zip: BOCA RATON, FL 33431

Title: TD ( ) Delete
Name: ORTNER, KENNETH
Address: 1121 E BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: JORDAN, SCOTT
Address: 110 SE 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: M/D ( ) Delete
Name: LONG, MICHAEL
Address: 600 SE 3RD AVE., 1ST FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: C/D ( ) Delete
Name: WARREN, TERRI
Address: 5825 N UNIVERSITY DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL LONG DIR. 01/05/2006
Electronic Signature of Signing Officer or Director Date