

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769725

FILED  
Jan 07, 2008  
Secretary of State

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S/D ( ) Delete  
Name: FELDKAMP, BEVERLY  
Address: 5181 SW 89TH TERRACE  
City-St-Zip: COOPER CITY, FL 33328 US

Title: D ( ) Delete  
Name: MONTELEONE, RAYMOND  
Address: 3965 N 32ND TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: TD ( ) Delete  
Name: COBO, JOSEPH M  
Address: 224 EAST COMMERCIAL BLVD., SUITE 200  
City-St-Zip: LAUDREDALE BY THE SEA, FL 33308 US

Title: D ( ) Delete  
Name: JORDAN, SCOTT  
Address: 110 SE 6TH STREET, 15TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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

Title: D ( ) Delete  
Name: CASTELLON, MARGARITA  
Address: 13450 W SUNRISE BOULEVARD, #600  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S/D (X) Change ( ) Addition  
Name: SERRA-RIVERA, KIMBERLY  
Address: 1100 SE THIRD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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 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 S. LONG

P

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date