

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005299

FILED
Apr 18, 2008
Secretary of State

Entity Name: CENTER FOR THE ARTS SCHOLARSHIP FOUNDATION OF BROWARD, INC.

Current Principal Place of Business:

1740 SW 36TH TERRACE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1740 SW 36TH TERRACE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-0000455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USHER, JAMES
1740 SW 36TH TERRACE
FT. LAUDERDALE, FL 33312 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: PD () Delete
Name: DAVIES, CHERYL
Address: 1061 NW 115 AVENUE
City-St-Zip: PLANTATION, FL 33323

Title: CVPD () Delete
Name: RESTREPO, WENDY
Address: 18086 SW 29TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: CVPD () Delete
Name: BURGA, GUSTAVO
Address: 1740 SW 36TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: CVPD (X) Delete
Name: USHER, JIM
Address: 1740 SW 36TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CVPD (X) Change () Addition
Name: USHER, JIM
Address: 1740 SW 36TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

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: JIM USHER

CVPD

04/18/2008

Electronic Signature of Signing Officer or Director

Date