


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 044 ***150.00

DOCUMENT # N03000006884	
1. Entity Name FUNDING ARTS BROWARD, INC.	

Principal Place of Business 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301	Mailing Address 401 EAST LAS OLAS BLVD., STE. 2200 FT. LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03112008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0151317

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**HORVITZ, FRANCIE J
11 N.E. 2 ST.
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARZ, JEAN			NAME	Schwartz, Jean		
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS	401 East Las Olas Blvd., Ste 2200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, ERICA			NAME	Hartman-Horvitz, Erica		
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS	401 East Las Olas Blvd., Ste 2200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, BONNIE			NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOCHRIE, SUSAN			NAME	Kashdin, Cindy		
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS	401 East Las Olas Blvd., Ste 2200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLZ, CONNIE			NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, CINDY			NAME			
STREET ADDRESS	401 EAST LAS OLAS BLVD., STE. 2200			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *Connie Folz* **CONNIE FOLZ, PRESIDENT** 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-523-7771