


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N11811	
1. Entity Name BROWARD PERFORMING ARTS FOUNDATION, INC.	

Principal Place of Business 201 SW 5TH AVE FORT LAUDERDALE, FL 33312 US	Mailing Address 201 SW 5TH AVE FORT LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2657043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GARDNER, RUSSELL M.
500 E. BROWARD BLVD.
SUITE 1400
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LOCHRIE, ROBERT B., JR. 2261 SW 28TH WAY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, RUSSELL M. 500 E BROWARD BLVD #1600 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDO, JOHN E 1350 NE 56 STR FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECK, BERNARD J 2200 S OCEAN LANE #1502 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: *Robert B. Lochrie* 6/29/05 984-468-3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #