

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11811

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** BROWARD PERFORMING ARTS FOUNDATION, INC.

**Current Principal Place of Business:**

201 SW 5TH AVE  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 SW 5TH AVE  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 59-2657043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABDO, JOHN E  
1350 NE 56 STREET  
SUITE 200  
FORT LAUDERDALE, FL 33334 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: CD ( ) Delete  
Name: LOCHRIE, ROBERT B.,JR.  
Address: 1701 BRICKELL DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete  
Name: LEIGHTMAN, RAY  
Address: 1100 E LAS OLAS BLVD 2ND FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD ( ) Delete  
Name: ABDO, JOHN E  
Address: 1350 NE 56 STA., SUITE 200  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T ( ) Delete  
Name: PECK, BERNARD J  
Address: 2200 S OCEAN LANE #1502  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

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

Title: PD (X) Change ( ) Addition  
Name: LEIGHTMAN, RAY  
Address: 1100 E LAS OLAS BLVD 2ND FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD (X) Change ( ) Addition  
Name: SOMERSTEIN, BARRY E  
Address: 200 E BROWARD BOULEVARD, #1500  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: RAY LEIGHTMAN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date