

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N16777

1. Entity Name
**BROWARD WORKSHOP POLITICAL ACTION
COMMITTEE, INCORPORATED**



Principal Place of Business

**450 E. LAS OLAS BLVD.
SUITE 800
FORT LAUDERDALE, FL 33301 US**

Mailing Address

**450 E. LAS OLAS BLVD.
SUITE 800
FORT LAUDERDALE, FL 33301 US**



01062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2723155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAULKINS, CHARLES S
450 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DAT
NAME	KOENIG, KEITH
STREET ADDRESS	6701 N. HIATUS ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33321
TITLE	DC
NAME	CAULKINS, CHARLES S
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 800
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	DT
NAME	BANKS, WALTER
STREET ADDRESS	1700 S. OCEAN LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000002934
01/13/04-80034-019 61.25

**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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/04 954/042-4700