2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90074 034 ****70.00

DOCUMENT # N45977

1. Entity Name
LEADERSHIP BROWARD FOUNDATION, INC.

300 300

Principal Place of Business	Mailing Address
320 NE THIRD AVENUE SUITE 340 FT. LAUDERDALE, FL 33301 US	320 NE THIRD AVENUE SUITE 340 FT. LAUDERDALE, FL 33301 US

03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
300 NE Third Avenue,	
Suite, Apt. #, etc. # 340	Suite, Apt. #, etc.
City & State Fort Lauderdale, FL.	City & State
Zip 33301 Country USA	Zip Country

4. FEI Number 65-0387636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
300 HOTTE, ANNE 320 NE THIRD AVENUE SUITE 340 FT. LAUDERDALE, FL 33301	Name ANNE HOTTE Street Address (P.O. Box Number is Not Acceptable) 300 NE Third Avenue Suite 340 City Fort Lauderdale FL Zip Code 33301

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 Anne T. Hotte Executive Director 03/01/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOTTE, ANNE		NAME	ANNE HOTTE	
STREET ADDRESS	~~1415 E SUNRISE BLVD, STE 401~~ 300 NE Third Ave, #340		STREET ADDRESS	300 NE Third Avenue, # 340	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL. 33301	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAYSASH, GARY		NAME		
STREET ADDRESS	1301 N FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHARES, LEATRICE		NAME		
STREET ADDRESS	2104 NE 45TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUBOMSKI, RAY		NAME		
STREET ADDRESS	201 S. ANDREWS AVE., 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEONARD, KEVIN		NAME		
STREET ADDRESS	2844 E OAKLAND PK BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Anne T. Hotte - (ANNE HOTTE) 3/1/2005 954-767-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #