2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45977

FILED Mar 24, 2009 Secretary of State

Entity Name: LEADERSHIP BROWARD FOUNDATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 400	AKLAND PARK B RDALE, FL 333 [,]					
Current Mailing Address:			New Mailir	New Mailing Address:		
SUITE 400	AKLAND PARK B RDALE, FL 333 [,]					
FEI Number:	65-0387636 F	El Number Applied For ()	El Number Not Appl	licable () Certificate of Status Desired	()	
Name and	Address of Curi	ent Registered Agent:	Name and	Address of New Registered Agent:		
SUITE 340 FT. LAUDE	AKLAND PARK E RDALE, FL 3330 named entity sub	01 US	SUITE 400 FT. LAUDE	AKLAND PARK BLVD.	- both,	
	E: ANNETHO	ΓΤΕ		03/24/2009		
		Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ED () Del HOTTE, ANNE 1640 W. OAKLAND FORT LAUDERDAL	PARK BLVD. #400	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () Del FAYSASH, GARY 1301 N FEDERAL H FT LAUDERDALE,	HIGHWAY	Title: Name: Address: City-St-Zip:	PE (X) Change () Addition MARTIN, GINGER 1301 N FEDERAL HIGHWAY FT LAUDERDALE, FL 33308		
Title: Name: Address: City-St-Zip:	PE () Del MARTINEAU, TRAC 614 S. FEDERAL H FORT LAUDERDAL	I WAY	Title: Name: Address: City-St-Zip:	P (X) Change () Addition MILLER, TRACI 614 S. FEDERAL HWAY FORT LAUDERDALE, FL 33301		
Title: Name: Address: City-St-Zip:	P () Del MCHUGH, HORACE 1515 NW 167TH ST MIAMI GARDENS, I	E FREET, #200	Title: Name: Address: City-St-Zip:	PP (X) Change () Addition MCHUGH, HORACE 1515 NW 167TH STREET, #200 MIAMI GARDENS, FL 33169		
Title: Name: Address: City-St-Zip:	S () Del SCHUTT, CINDY 7018 NW 40TH STR CORAL SPRINGS,	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () Del VOGEL, DEBRA 350 EAST LAS OLA FORT LAUDERDAL	AS BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: TRACI MILLER P 03/24/2009