## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002526

FILED Apr 03, 2009 Secretary of State

Entity Name: BROWARD TRUST FOR HISTORIC PRESERVATION, INC.

Current Principal Place of Business:				New Prin	New Principal Place of Business:		
	SUNRISE BLV	)					
#122 FORT LAUI	DERDALE, FL 3	33304	US				
Current Mailing Address:				New Mail	New Mailing Address:		
P.O. BOX 1	060						
	DERDALE, FL 3	33302	US				
FEI Number:	65-0596154	FEI Numl	per Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cui	rrent Re	gistered Agent:	Name an	d Address o	of New Registered Agent:	
CENTORIN 1230 SE 4T FORT LAUI		33316	US				
The above in the State		omits thi	s statement for the p	urpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUR	E:						
	Electronic	Signatu	re of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () De SMART, DIANE G 3850 GALT OCEA FORT LAUDERDA		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () De GINNIS, SUSAN 902 NE 3TH STRE FORT LAUDERDA	ET	3334	Title: Name: Address: City-St-Zip:	D GILLIS, SU 902 NE 371 OAKLAND I		
Title: Name: Address: City-St-Zip:	SD () De KIMBERLIN, SUSA 119 NE 19TH COU WILTON MANORS	AN JRT	05	Title: Name: Address: City-St-Zip:		(X) Change()Addition N, SUSAN TH COURT, #217 ANORS, FL 33305	
Title: Name: Address: City-St-Zip:	VPD () De CANTRELL, TERR 745 HARRISON ST HOLLYWOOD, FL	XY T		Title: Name: Address: City-St-Zip:		(X) Change () Addition C, JAMES MBRA STREET, #5 DERDALE, FL 33304	
Title: Name: Address: City-St-Zip:	D () De WHITE, JAMES 200 EAST BROWA FORT LAUDERDA	ARD BLVI		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De LOWENSTEIN, ES 319 PALM ST HOLLYWOOD, FL	STELLE		Title: Name: Address: City-St-Zip:	1201 SOUT	(X) Change ( ) Addition TEIN, ESTELLE IH OCEAN DRIVE, #1605 OD, FL 33019	

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: DIANE G. SMART MRS 04/03/2009